Assessing Health Risks in Montana

Survey Results from the 2000 Montana Behavioral Risk Factor Surveillance System

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DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

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From the Director:

The Montana Department of Public Health and Human Services is pleased to present this report of selected findings based on our 2000 Montana Behavioral Risk Factor Surveillance System (BRFSS) survey results. This 11th report continues the delivery of health risk factor information since 1984.

The BRFSS for 2000 involved annual statewide telephone surveys of 3020 adult residents aged 18 and older. Montana is one of 50 states and several territories funded and supported by the Centers for Disease Control and Prevention to administer monthly telephone interviews to gather health-related data.

The project represents an ongoing surveillance of key risk factors to assess baseline data for identifying and targeting future health trends in Montana. The information serves as a valuable guide for planning health-promotion and disease-prevention activities and can assist health professionals in the public and private sectors in identifying populations at risk.

The results from the 2000 survey indicate that Montana has made substantial progress toward improving public health by meeting or exceeding a number of national Healthy People 2000 Objectives (see Appendix A of this report). Also, the new Healthy People 2010 Objectives, released in January 2000, provide ambitious benchmarks for public health workers to strive toward in the next decade. There is much work still to be done.

It is our hope that this report will serve as a resource for you and others, helping Montanans make concerted and informed efforts to face the health challenges of Montana's citizens.

Sincerely,

Gail Gray

Gail Gray, Ed.D.
Director

ACKNOWLEDGMENTS

Survey results for the 2000 Montana Behavioral Risk Factor Surveillance System (BRFSS) were prepared by the Chronic Disease Prevention and Health Promotion Section within the Montana Department of Health and Human Services (DPHHS). Telephone interviews were conducted by Northwest Resource Consultants of Helena, MT.

The Centers for Disease Control and Prevention (CDC), Behavioral Surveillance Branch provided financial and technical support for developing the questionnaires, implementing the survey, and processing and weighting data. CDC's financial support has greatly facilitated DPHHS's ability to conduct surveillance of risk factors for preventable injuries and diseases. Also, the interviewing facilities acquired with CDC's financial support have been instrumental in enabling DPHHS to conduct numerous point-in-time BRFSS-like surveys.

Special appreciation is extended to Northwest Resource Consultants' telephone interview team. Their dedication has consistently yielded high quality survey data for the Montana BRFSS. Thanks also to ORC Macro in Burlington, Vermont, for formatting this report.

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Executive Summary

The Montana Behavioral Risk Factor Surveillance System (BRFSS) has been collecting and reporting health-behavior data since 1984. The Montana Department of Public Health and Human Services (DPHHS) coordinates the telephone survey under a cooperative agreement with the Centers for Disease Control and Prevention (CDC).

The purpose of the survey is to gather information regarding personal practices, attitudes and knowledge of adult Montanans (aged 18 and older) that contribute to the leading causes of disease in the state. Monthly surveys averaged 250 completed telephone interviews, for a total of 3020 completed surveys in 2000.

This report summarizes the results of the 2000 Montana BRFSS survey. These results indicate that Montana has achieved a number of national Healthy People 2000 Objectives (see Appendix A for a summary of Montana's status relative to selected objectives).

Key Findings for 2000:

General Health Status: Eleven percent of Montana adults described their general health as fair or poor in 2000.

No Health Insurance: Fifteen percent of adult Montanans reported that they had no health insurance.

Overweight: More than half (53%) of Montana adults were overweight (BMI[1] ≥25) according to the new standard for overweight established by the National Heart, Lung, and Blood Institute (1998). (Thirty percent of adult Montanans were overweight according to the previous standard; BMI ≥27.8 for males and BMI ≥27.3 for females.)

Weight Control: Thirty-five percent of Montana adults were trying to lose weight.

Fruit and Vegetable Consumption: About one-quarter (23%) of adult Montanans reported eating at least five servings of fruits and vegetables a day.

No Leisure-Time Physical Activity: About one-quarter (23%) of Montana adults participated in no leisure-time physical activity.

Cardiovascular Disease: Among Montana adults aged 35 and older, a small percentage have been told by a physician that they have had a heart attack (5%), coronary heart disease (6%), or a stroke (3%).

[1] Body Mass Index is used to indicate overweight. BMI is a ratio of weight to height (kg/m^2).

Visit a Dentist in the Past Year: More than two-thirds (69%) of adult Montanans reported that they had visited a dentist in the past 12 months.

Asthma: Eleven percent of Montana adults indicated that a physician had told them at some time in their lives that they ever had asthma.

Care Giving: Seventeen percent of Montana adults had provided regular care to someone aged 60 or older in the month prior to the survey. Half of all adult Montanans responded that they did not know whom they would call to arrange for short- or long-term care for an elderly relative.

Tobacco Use: Approximately one-fifth (19%) of adult Montanans reported that they were current cigarette smokers and 6% used smokeless tobacco. Fifty-two percent of cigarette smokers aged 18 or older stopped smoking cigarettes for at least one day in 2000.

Diabetes: Five percent of Montana adults reported that they had diabetes.

Immunization: Seventy-two percent of Montanans aged 65 and older had a flu vaccination in the past year and 65% of Montanans aged 65 and older had ever had a pneumonia vaccination.

Breast Cancer Screening: Eighty-four percent of women aged 40 and older reported having ever had both a mammogram and clinical breast exam, while 75% of women aged 50 and older reported having had both exams in the past two years.

Cervical Cancer Screening: Eighty-nine percent of Montana women (aged 18 and older) reported that they had a Pap test within the past three years.

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INTRODUCTION

Each year modifiable behaviors such as smoking, excessive alcohol consumption, overweight, and physical inactivity contribute to a substantial portion of the mortality and morbidity associated with chronic disease and unintentional injury (McKenna et al., 1998; Frazier et al., 1996). Underutilization of preventive-health services (e.g., blood pressure, cholesterol, and cervical cancer screening) may also contribute to morbidity and premature death from many diseases. In 2000, 79% of Montana deaths were a result of chronic diseases and unintentional injuries (Table 1).

Measuring the prevalence of high-risk behaviors and preventive-health service utilization provides information for developing and monitoring interventions designed to reduce premature death and disease. From 1981 to 1983, the Centers for Disease Control and Prevention (CDC) funded 29 states to conduct point-in-time prevalence surveys of behaviors that were associated with an increased risk of developing avoidable illness and/or premature death (i.e., behavioral risk factors). In 1984, the CDC established the Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone survey assessing the health status and behavioral risk factors of the adult population (18 years and older) within 15 participating states. Through cooperative agreements between CDC and state departments of public health, the BRFSS has expanded to include all 50 states, the District of Columbia, and three U.S. territories.

Montana has participated in the BRFSS since 1984. The number of Montana adults sampled annually has increased from 855 in 1984 to 1,188 in 1985 to 1,800 in 1996 and to 3020 in 2000. The number of questions included in the annual survey has increased from 45 questions in 1984 to 176 questions in 2000. In 2000, approximately 250 interviews were completed each month. Subject areas include perceived health status, access to health care, health awareness, use of preventive services, as well as knowledge and attitudes of health care and health-care practices.

The BRFSS survey provides valuable information on health trends, assessing chronic disease risk and monitoring the effectiveness and public awareness of policies, programs, and interventions. Additionally, these data are used to identify important health issues for future attention, formulate policies and legislation, and develop public awareness strategies.

The Healthy People 2000 (Public Health Service 1991, 1995) is a national initiative to improve the health of all Americans through prevention. "The initiative is driven by 319 specific national health-promotion and disease-prevention objectives targeted for achievement by the year 2000. Healthy People 2000's overall goals are to: 1) increase the span of healthy life, 2) reduce health disparities, and 3) achieve access to preventive services for all Americans." [2] In addition, national 2010 health objectives were released in January 2000[3] (U.S. Department of Health and Human Services 2000). Data from the annual BRFSS survey are the primary means of monitoring progress towards achieving specific national year 2000 health objectives (see Appendix A) and new 2010 objectives.

[2] *See http://www.odphp.osophs.dhhs.gov/pubs/hp2000/*

[3] *See http://www.health.gov/healthypeople/*

This report summarizes selected results from the 2000 survey. Results were tabulated for the overall Montana population, as well as for subpopulations (sex, age class, education level, income class, and two racial categories). The numbers reported in the data tables were the actual numbers of respondents, while the prevalence estimates (as percentages) were calculated using weighted data. Variation in risk behaviors and health characteristics among subpopulations were highlighted when appropriate. Graphs depicting point estimates over time were presented for selected point estimates. As a measure of data reliability, 95% confidence intervals (CI) were presented with the percentage prevalence estimates. Readers unfamiliar with interpreting point estimates and confidence intervals may wish to consult the discussion on confidence intervals found in the Methods section of this report.

Table 1. Behavioral Risk Factors Associated with the Leading Causes of Death in Montana, 2000[+].

Rank	Cause of death	Number of deaths	Percentage of total deaths*	Associated Risk Factors
1	Heart disease	1,985	24.6	Smoking, lack of physical activity, high blood pressure, high-fat diet, high blood cholesterol, overweight
2	Cancer	1,861	23.1	Smoking, high-fat diet, chronic drinking, environmental exposure
3	Cerebrovascular disease (including stroke)	583	7.2	High blood pressure, smoking, high blood cholesterol
4	Chronic obstructive pulmonary disease	518	6.4	Smoking, environmental exposure
5	Unintentional injury (accidents)	484	6.0	Binge and chronic drinking, smoking, non-use of safety belts
6	Diabetes	226	2.8	Overweight, diet
7	Alzheimer's disease	217	2.7	Binge and chronic drinking
8	Pneumonia and influenza	202	2.5	Smoking
9	Intentional self-harm (suicide)	157	2.0	Unknown
10	Nephritis, Nephrotic Syndrome & Nephrosis	115	1.4	Risk factors associated with hypertension and diabetes, prolonged use of analgesics
	Total deaths from leading causes	6,348	78.7	

[+] Mortality data are from the Montana Department of Public Health and Human Services, Vital Statistics Bureau, February 2002.
* Total deaths from all causes in 2000, excluding fetal deaths, was 8,071.

METHODS

Sampling Design

In 2000, Montana used a disproportionate stratified sampling design (DSS) [4] for the BRFSS survey. In the DSS design, the universe of all Montana telephone numbers was disproportionately stratified by telephone blocks. A block consists of 100 phone numbers with consecutive four-digit telephone suffixes (e.g., 406-443-1100 to 406-443-1199). One-plus blocks (high-density stratum) are computer-generated listings of 100 consecutive telephone numbers containing at least one published household telephone number. Zero-blocks (low-density stratum) are listings of 100 consecutive telephone numbers containing no published household telephone numbers. To be representative, both one-plus and zero-plus blocks were randomly sampled, but at a disproportionate rate of 4:1. Once a residence was successfully contacted, individual respondents were randomly selected from all adults aged 18 and older living in the household. The selected adult was then interviewed in accordance with the BRFSS protocol (CDC 1998). In 2000, approximately 250 interviews were completed each month, for a yearly total of 3,020 interviews.

Interviews were conducted by Northwest Resource Consultants (Helena, MT) at facilities located at the Montana Department of Health and Human Services. Interviews were conducted during daytime and evening hours on Monday through Friday and during daytime hours on weekends to ensure that selected individuals had ample opportunity to participate in the survey. Fifteen efforts were made to reach a phone number at different times of the day and evening and on different days before being classified as an unreachable number. The Council of American Survey Research Organizations (CASRO) response rate estimate for Montana in 2000 was 71.8 percent. Five percent of completed interviews were verified by recontacting the respondent. Respondents selected for verification were contacted by an interviewer who did not conduct the original interview.

Data Weighting and Analysis

Data were weighted to account for differences in the probability of selection due to the disproportionate sampling method and due to households with more than one telephone and a different number of adults (e.g., households with multiple telephone numbers were more likely to be called). Post-stratification weighting based upon the population estimates for the 2000 Montana population was used to ensure that the results more closely reflected the adult population of Montana. The demographic characteristics of the 2000 survey sample are presented in Table 2. The table presents for the 2000 survey, the unweighted number of respondents, the unweighted percent of respondents, and the weighted percent of respondents by selected demographic characteristics.

[4] For a detailed description of BRFSS methodology, see the BRFSS Surveillance Guide, an online version of the BRFSS Users Guide at: http://www.cdc.gov/brfss/training.htm

Table 2. Demographic Distribution of Montana Adults in the 2000 Behavioral Risk Factor Surveillance Survey - BRFSS.

2000 BRFSS Sample				
			Percent*	
Demographic Group		Sample N	UW	(W+)
All Adults:		3020	100.0	(100.0)
Sex:	Males	1290	42.7	(48.7)
	Females	1730	57.3	(51.3)
Age:	18-24	229	7.6	(12.0)
	25-34	418	13.8	(16.9)
	35-44	678	22.5	(20.7)
	45-54	646	21.4	(19.1)
	55-64	418	13.8	(12.5)
	65+	627	20.8	(18.8)
	Unknown	4		
Education:	<High School	286	9.5	(8.5)
	High School or GED	977	32.4	(31.3)
	Some College or Tech.	908	30.1	(29.9)
	College Degree	847	28.0	(30.2)
	Unknown	2		
Income:	<$15,000	290	9.6	(8.1)
	$15,000 - $24,999	636	21.1	(17.8)
	$25,000 - $49,999	902	29.9	(31.8)
	$50,000 - $74,999	321	10.6	(10.9)
	$75,000+	200	6.6	(7.7)
	Unknown	671		
Race:	White, non-Hispanic	2603	86.2	(91.9)
	Non-white or Hispanic	407	13.5	(7.6)
	Unknown	10		

* Unweighted (UW) and weighted (W) percentages.
+ Weighted percentages based on CDC's population estimate of 646,760 Adult Montanans.

Respondents who indicated "don't know," "not sure," or "refused" were excluded from the calculation of prevalence estimates. Therefore, the sample sizes used to calculate the estimates in this report vary. The SAS® System and SAS-callable SUDAAN® statistical software package were used to compute prevalence estimates (expressed as percentages) and associated 95% confidence intervals using sample weights provided by CDC. Prevalence estimates based on denominators with fewer than 50 respondents were not reported due to their inherent low reliability.

Data Reliability and 95% Confidence Intervals

As noted earlier, the BRFSS data represent a sample of the Montana adult population. It is not feasible to query the entire Montana population, so the sample is used to estimate population prevalences for health-risk behaviors. The reliability of a sample statistic (e.g., prevalence) can be estimated by setting a confidence interval (sometimes referred to as the margin of error) around the statistic. By convention, 95% confidence intervals are generally used.

As an example, a prevalence estimate for cigarette smoking of 20% with a computed 95% confidence interval of ±2%, translates to a lower limit of 18% and an upper limit of 22%. There is a 95% probability that the interval 18% to 22% includes the true percentage of smokers in the Montana population.

The width of a confidence interval (e.g., ±2%) is dependent upon sample size. Estimates based on large samples have narrower confidence intervals and are more reliable than are estimates based on small samples. Confidence intervals must be considered when making comparisons among subgroups of the population (e.g., among age classes). Percentages for different subgroups of the population can be determined to be significantly different if their confidence intervals do not overlap. A statistical test is needed to determine if estimates are likely to be different when the confidence intervals overlap.

Analysis of subpopulations results in a concomitant lowering of sample size. The more subgroups into which the data are partitioned, the smaller the sample size per subgroup. The results include some instances where sample sizes for subgroups within select populations (e.g., ever told you had a heart attack by a physician for age groups 34 and younger) were too small, and the associated 95% confidence intervals too broad, to yield meaningful comparisons among subgroups.

Questionnaire

The BRFSS questionnaire has three parts:

1. The core, consisting of the fixed core questions (asked every year), rotating core questions (asked in alternating years), and emerging core questions (asked for only one year);

2. optional modules provided by CDC, any number of which can be selected by individual states for inclusion; and

3. state-added questions (additional questions of specific interest to individual states).

All states must ask the core questions without modification in wording. As part of the core, in addition to questions on health-related behaviors, respondents are also asked to provide demographic information including sex, age, race, marital status, annual household income, employment status, and education level. Optional modules and state-added questions are added to their respective questionnaires by individual states.

The 2000 Montana BRFSS Questionnaire consisted of 176 questions. Not all respondents received all questions, since some questions pertain to a specific age group or sex, or persons with a particular condition (e.g., diabetes). The average length of time to administer the survey in 2000 was approximately 20 minutes.

Survey Limitations

Surveys that require self-reporting of data have limitations and should be interpreted with caution. Respondents may have the tendency to under-report behaviors that are socially undesirable, unhealthy, or illegal (e.g., drinking and driving or smoking), while over-reporting desirable behaviors (e.g., amount of exercise or regular health screening). The accuracy of self-reported information also is affected by the ability of respondents to fully recall past behaviors or health screening results.

Telephone surveys exclude households without telephones, which may result in a biased survey population due to under-representation of certain segments of the population. An estimated 96% of Montana households have at least one residential telephone. The four percent of homes without telephones may represent a population segment at high risk for preventable diseases associated with low socioeconomic status. The sampling procedures make no special effort to reach populations among whom telephone lines per capita is lower than the norm.

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2000 Survey Results

Health Status

How would you say your general health is?

- Eleven percent of Montana adults described their general health as “fair” or “poor” in 2000.
- The prevalence of “fair” or “poor” health was positively associated with age. Adults aged 65 and older reported “fair” or “poor” health more frequently than did younger adults.
- Adults with less than a high school education (32%) were much more likely to report their general health as “fair” or “poor” compared to adults with higher levels of education (<12%). Adults with a college education were least likely to report their health as fair or poor (5%).
- Adults with lower annual household income (<$25,000) reported higher percentages (≥15%) of “fair” or “poor” health compared to adults with higher household income (≤7%).
- Non-white or Hispanic adults (20%) were more likely to report “fair” or “poor” than were white adults (11%).
- Since 1993, the percentage of adults reporting “fair” or “poor” health has remained relatively constant.

How many days during the past month was your physical health not good?

- Twenty-eight percent of Montana adults in 2000 indicated that their physical health was not good on one or more days in the previous month.
- More females (32%) than males (24%) reported that their physical health was not good on one or more days in the previous month.
- Adult Montanans with household incomes less than $15,000 (>45%) tend to be much more prevalent in reports of their physical health not being good one or more days in the previous month than any other income group.

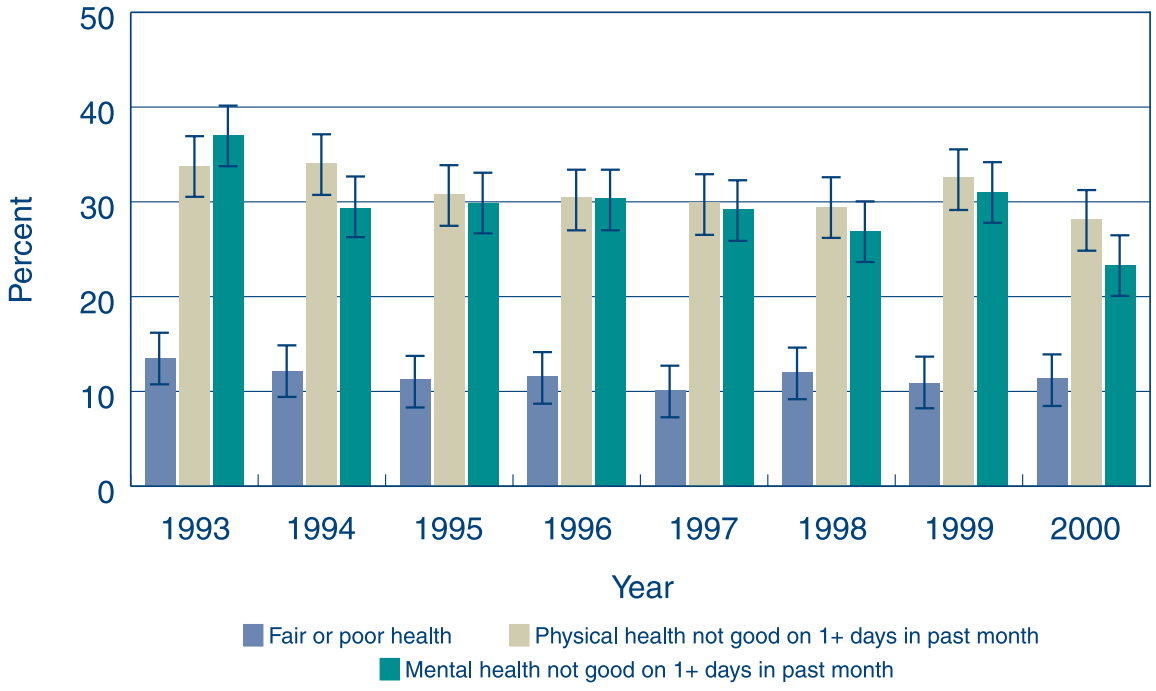
How many days during the past month was your mental health not good?

- Twenty-three percent of Montana adults in 2000 reported that there were one or more days during the past month when their mental health was not good.
- Females (31%) reported one or more days of poor mental health more frequently than did males (15%).
- The percentage of adults aged 65 and older reporting poor mental health (10%) was substantially lower than younger age classes (≥16%).
- Adults with annual household incomes less than $15,000 were more likely to report one or more days of poor mental health (36%) than adults in higher income brackets (≤27%), although there is a great deal of variability within income groups.

Table 3. Health Status, Montana Adults, 2000 (with 95% confidence intervals).

	Fair or poor health			Physical health not good 1+ days in past month			Mental health not good 1+ days in past month		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:									
2000	3016	11.3	9.9-12.8	2979	28.2	26.1-30.2	2968	23.3	21.2-25.4
Sex:									
Male	1289	10.1	8.0-12.2	1276	23.7	20.7-26.7	1271	15.7	13.1-18.3
Female	1727	12.5	10.6-14.4	1703	32.4	29.5-35.3	1697	30.6	27.4-33.8
Age:									
18-24	229	6.1	2.2-10.1	226	32.2	24.3-40.0	227	36.9	28.2-45.6
25-34	418	6.3	3.6-9.0	416	29.6	24.1-35.0	411	24.3	19.2-29.3
35-44	678	6.5	4.1-8.8	678	26.5	22.2-30.9	677	28.5	23.8-33.3
45-54	646	10.6	7.4-13.8	640	27.1	22.8-31.4	633	25.2	20.8-29.5
55-64	416	13.9	9.7-18.0	415	29.1	23.4-34.7	412	16.3	11.5-21.1
65+	625	23.7	19.3-28.0	600	26.6	22.1-31.1	604	10.5	7.3-13.7
Education:									
<High School	286	31.5	23.9-39.1	274	38.3	29.8-46.8	273	24.3	14.7-33.9
High School	975	11.8	9.1-14.5	963	23.9	20.5-27.4	966	20.9	17.5-24.3
Some College	906	11.2	8.5-13.8	900	30.0	26.0-34.0	891	25.3	21.3-29.3
College Degree	847	5.1	3.4-6.8	840	28.0	24.2-31.7	836	23.6	19.8-27.4
Income:									
<$15,000	289	27.5	20.8-34.1	286	45.8	37.5-54.1	283	35.9	27.2-44.6
$15,000 - $24,999	634	15.1	11.5-18.6	627	30.9	26.1-35.7	628	26.8	22.2-31.4
$25,000 - $49,999	902	7.0	5.0-8.9	899	25.5	21.9-29.1	895	24.4	20.3-28.5
$50,000 - $74,999	321	4.8	0.3-9.2	320	18.6	13.7-23.5	320	18.8	13.6-23.9
$75,000+	200	1.2	0.0-2.4	200	25.0	17.7-32.3	198	23.7	15.2-32.3
Race:									
White, non-Hispanic	2600	10.7	9.2-12.2	2570	27.7	25.5-29.9	2559	23.3	21.1-25.5
Non-white or Hispanic	407	19.7	13.9-25.6	399	33.3	26.2-40.5	399	23.9	17.6-30.2

Figure 1. Self-Reported Health Status of Montana Adults by Type, 1993-2000.



Health Care Access

Do you have any kind of health care coverage?

- Fifteen percent of Montana adults reported they were uninsured in 2000.
- The percentage of uninsured adults has remained relatively constant since 1991.
- Adults aged 18 to 34 (≥25%) were more likely to report being uninsured than older adults (<14%). Less than 2% of adults aged 65 and older reported being uninsured (due to Medicare coverage).
- The percentage of uninsured adults was inversely associated with income and education levels.

How long has it been since you visited a doctor for a routine checkup?

- In 2000, 65% of Montana adults reported they had had a routine checkup in the past 12 months.
- The percentage of adults reporting they had had a checkup in the past year has changed little since 1993.
- More females (75%) had a checkup in the past year than did males (55%).
- More adults aged 65 and older (82%) had a checkup in the past year than did adults in younger age classes (<73%).
- Education, income, and race had little influence on the percentage of adults who had a checkup in the past year.

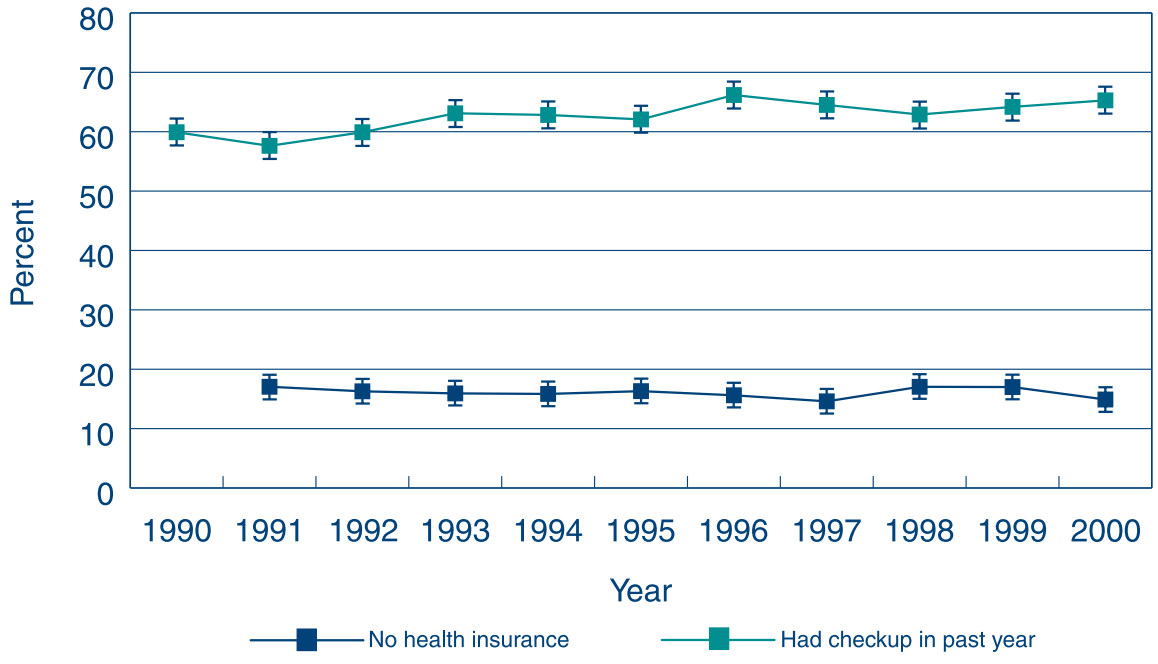
Did you need to see a doctor in the past year, but could not because of the cost?

- Eleven percent of Montana adults reported in 2000 that they could not afford to see a doctor in the past year.
- Adults aged 65 and older (3%) were less likely to not be able to afford to see a doctor than younger adults (>8%) (likely a result of Medicare).
- The percentage of adults who could not afford a doctor in the past year was inversely associated with education and income levels. Higher percentages of adults with less than a college degree (>11%) and of adults with annual household incomes less than $25,000 (>19%) reported that they could not afford to see a doctor in the past year.
- More non-white or Hispanic adults (20%) reported that they could not afford to see a doctor in the past year compared to white, non-Hispanic adults (10%).

Table 4. Health Care Access, Montana Adults, 2000 (with 95% confidence intervals).

	No health insurance			Had routine checkup in past year			Couldn't afford doctor in past year		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:									
2000	3013	14.9	13.1-16.7	2988	65.3	62.9-67.7	3018	10.8	9.4-12.3
Sex:									
Male	1285	15.7	12.8-18.6	1272	54.9	51.2-58.5	1289	8.4	6.4-10.4
Female	1728	14.2	12.0-16.3	1716	75.2	72.1-78.2	1729	13.1	11.1-15.2
Age:									
18-24	222	25.2	18.0-32.3	223	58.4	49.2-67.5	229	10.4	5.6-15.3
25-34	418	29.4	23.5-35.3	412	55.8	49.6-61.9	418	20.5	15.5-25.4
35-44	678	13.3	9.7-16.9	671	55.6	50.3-60.9	678	11.6	8.6-14.6
45-54	646	13.5	10.1-16.9	641	66.2	61.3-71.1	646	10.7	7.7-13.7
55-64	418	10.8	7.4-14.3	417	73.4	67.7-79.1	418	8.7	5.6-11.8
65+	627	1.6	0.4-2.7	620	82.4	78.3-86.4	625	3.1	1.3-4.8
Education:									
<High School	285	21.4	14.0-28.9	283	64.2	54.5-73.9	286	14.7	9.2-20.2
High School	975	18.9	15.4-22.3	963	63.2	59.1-67.4	975	12.6	9.8-15.4
Some College	905	16.3	12.9-19.7	902	64.2	59.8-68.7	908	11.8	9.1-14.4
College Degree	846	7.6	5.2-10.0	838	68.7	64.5-72.9	847	7.1	4.8-9.3
Income:									
<$15,000	289	31.9	24.2-39.6	289	63.6	55.3-72.0	289	22.1	15.7-28.6
$15,000 - $24,999	636	29.9	24.9-34.8	625	61.3	56.0-66.5	636	19.5	15.3-23.6
$25,000 - $49,999	901	12.2	9.0-15.3	898	64.6	60.2-69.0	902	9.4	6.9-11.8
$50,000 - $74,999	321	2.8	0.4-5.1	319	68.2	61.6-74.9	321	4.6	1.5-7.6
$75,000+	200	3.1	0.5-5.8	198	68.8	59.6-77.9	200	2.8	0.5-5.1
Race:									
White, non-Hispanic	2599	14.0	12.2-15.9	2574	65.6	63.1-68.2	2601	10.1	8.7-11.6
Non-white or Hispanic	404	26.2	19.0-33.4	404	62.7	55.1-70.3	407	20.1	13.4-26.8

Figure 2. Health Care Access, Montana Adults, 1990-2000.



Overweight and Obesity

Overweight adults:

- In 2000, 53% of Montana adults were at risk for being overweight according to the new Body Mass Index (BMI) classification of overweight (i.e., BMI ≥25).
- According to the old classification for overweight used for Healthy People 2000 Objective 1.2 listed below, 30% (±2%) of Montana adults aged 18 and older were overweight in 2000.
- From 1990 to 2000, there was an approximate increase of 11 percentage points in the prevalence of overweight among Montana adults.
- Males (63%) were substantially more likely to be overweight than females (43%).
- Fewer adults aged 18 to 24 (30%) were overweight than adults in older age classes (≥50%).
- Education, income, and race had relatively little influence upon the percentage of adults who were overweight.

Note: Body Mass Index (BMI) is used to indicate overweight. BMI is a ratio of weight to height [kg/m^2 or (lbs. x 700)/in.^{2}]. The BMI standard for overweight was changed by the National Heart, Lung, and Blood Institute (1998) to BMI ≥25 for both sexes. Previously, overweight was defined as BMI ≥27.8 for males and ≥27.3 for females, which was the standard used by Healthy People 2000.

Obese adults:

- In 2000, sixteen percent of Montana adults were considered at risk for obesity (i.e., BMI ≥30).
- From 1990 to 2000 there was an increase of 7 percentage points in the prevalence of obesity among Montana adults.
- Adults aged 25 and older (>14%) were more likely to be at risk for obesity than adults less than 25 years of age (<5%).
- Adults with a college degree were less likely to be obese (13%) than those adults with a high school education or less (>18%).
- There was a tendency for lower income groups to be more obese than higher income groups, but there was very little statistical difference of obesity based on income in Montana.

Note: According to the National Heart, Lung, and Blood Institute (1998), persons with a BMI ≥30 are at risk for being obese.

Healthy People 2000 Objectives:

1.2 Reduce overweight (BMI ≥27.8 for males and BMI ≥27.3 for females) to a prevalence of no more than 20 percent among people aged 20 and older.

Healthy People 2010 Objectives:

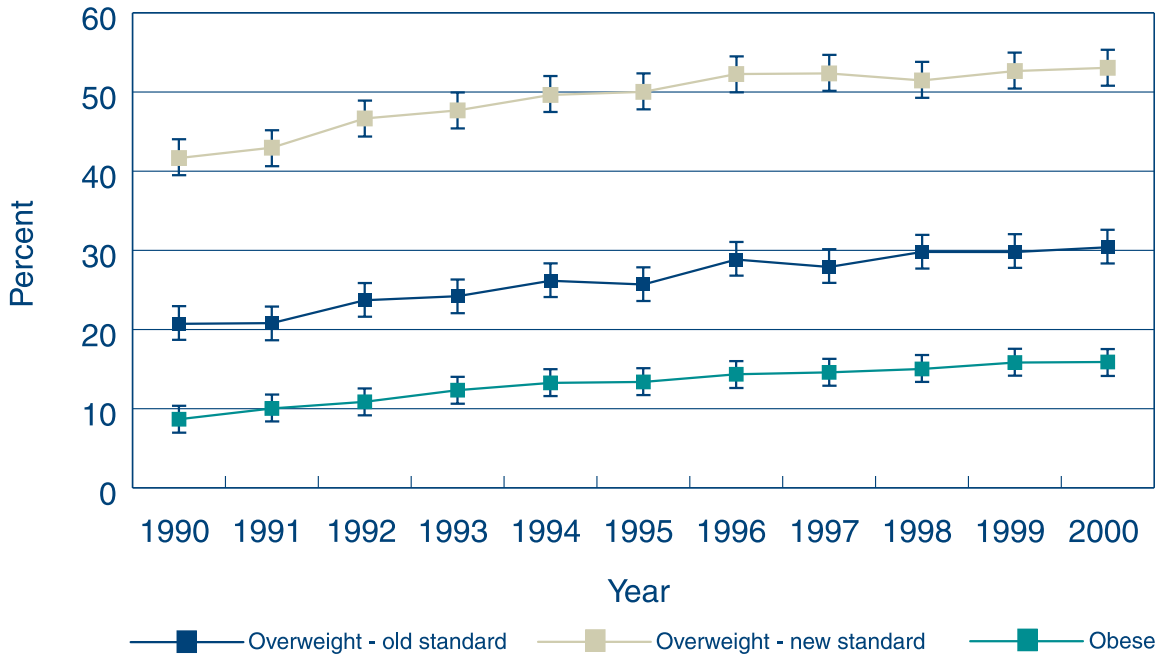
19-1 Increase the proportion of adults (to at least 60 percent) who are at a healthy weight (18.5 ≤BMI <25.0).

Table 5. Overweight and Obesity, Montana Adults, 2000 (with 95% confidence intervals).

	Overweight*			Obese**		
	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:						
2000	2884	53.1	50.6-55.5	2884	15.9	14.2-17.6
Sex:						
Male	1277	62.6	59.0-66.2	1277	16.4	13.8-18.9
Female	1607	43.4	40.1-46.7	1607	15.4	13.3-17.6
Age:						
18-24	220	30.0	22.6-37.5	220	4.6	1.8-7.5
25-34	401	50.5	44.3-56.6	401	14.7	10.6-18.8
35-44	647	58.2	52.9-63.5	647	17.6	13.7-21.6
45-54	613	57.9	52.7-63.1	613	19.2	15.1-23.3
55-64	389	61.9	55.3-68.5	389	16.7	11.9-21.4
65+	611	54.0	48.7-59.3	611	18.7	14.7-22.6
Education:						
<High School	276	49.6	40.4-58.7	276	20.8	14.6-27.0
High School	922	55.9	51.6-60.3	922	18.4	15.1-21.8
Some College	868	52.3	47.7-56.8	868	15.0	12.1-18.0
College Degree	816	52.1	47.6-56.5	816	12.8	10.1-15.5
Income:						
<$15,000	275	52.0	43.3-60.6	275	20.0	14.4-25.6
$15,000 - $24,999	613	49.8	44.5-55.1	613	17.6	13.9-21.4
$25,000 - $49,999	874	58.0	53.6-62.4	874	16.1	13.0-19.1
$50,000 - $74,999	304	52.0	44.7-59.4	304	15.3	9.4-21.2
$75,000+	192	53.8	44.4-63.2	192	11.8	6.3-17.4
Race:						
White, non-Hispanic	2485	52.2	49.6-54.8	2485	15.2	13.4-16.9
Non-white or Hispanic	391	63.5	56.2-70.8	391	25.3	19.1-31.5

* Overweight = BMI ≥25 ** Obese = BMI ≥30

Figure 3. Montana Adults Who Are Overweight or Obese According to Body Mass Index, 1990-2000.



Weight Control and Nutrition

Are you trying to lose weight?

- In 2000, 35% of adults were trying to lose weight.
- Females (42%) were more likely than males (28%) to report that they were trying to lose weight.
- Fewer adults aged 18 to 24 (25%) reported that they were trying to lose weight than adults aged 35 through 64 (>36%).
- Adults with some college (39%) were more likely than adults with less than a high school education (27%) to report they were trying to lose weight in 2000.

Have you received advice about your weight from a health professional in the past year?

- In 2000, 14% (±2%) reported that they had received advice about their weight from a health professional in the past year. Of those who received advice (unweighted N = 450), 66% (±6%) were told they should lose weight, 18% (± 5%) were told to gain weight, and 17% (±5%) were told to maintain their weight.
- Of the Montana adults who reported having seen a doctor in the past year for a routine checkup (unweighted N=2034), eighteen percent (±3%) reported that they had received advice about their weight from a health professional in the past year.

Do you eat fruits and vegetables five or more times per day?

- In 2000, 23% of Montana adults reported eating at least five servings of fruits and vegetables a day. There was essentially no change in consumption patterns from 1994 to 2000.
- Females (27%) were more likely than males (18%) to report that they were eating fruits and vegetables five or more times a day.
- Adults aged 65 and older (27%) were more likely to report eating at least five servings of fruits and vegetables a day than adults aged 18 to 24 (≤15%).
- Adults with a college degree (30%) were more likely than adults with less education (≤23%) to consume fruits and vegetables five or more times per day.
- Annual household income levels appear to be positively associated with consumption of the recommended amount of fruits and vegetables.

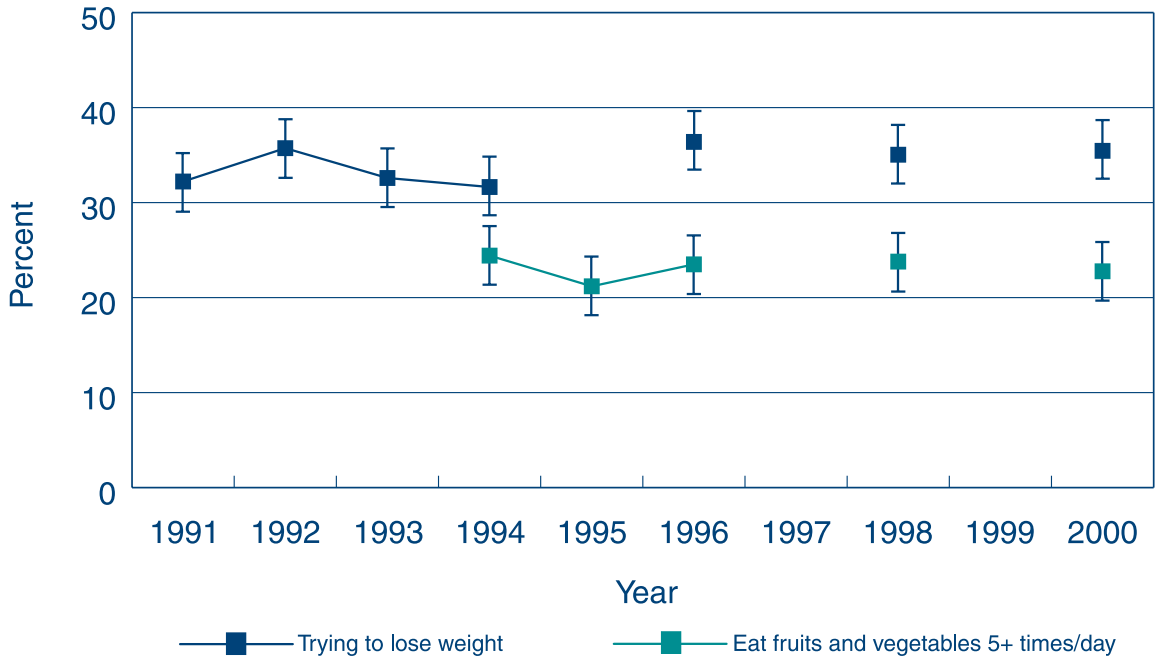
Healthy People 2000 Objectives:

16.8 Increase complex carbohydrate and fiber-containing foods in the diets of adults to five or more daily servings of vegetables (including legumes) and fruits, and six or more daily servings for grain products.

Table 6. Weight Control and Nutrition, Montana Adults, 2000 (with 95% confidence intervals).

	Trying to lose weight			Eat fruits & vegetables 5+ times per day		
	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:						
2000	3019	35.5	33.1-37.8	3010	22.8	20.7-24.8
Sex:						
Male	1289	28.2	25.0-31.4	1284	17.9	15.2-20.6
Female	1730	42.4	39.1-45.6	1726	27.4	24.5-30.4
Age:						
18-24	229	25.5	18.5-32.4	227	15.1	9.6-20.7
25-34	418	33.5	27.9-39.1	418	21.0	15.9-26.1
35-44	678	36.9	32.0-41.7	678	23.7	19.0-28.3
45-54	646	44.9	39.7-50.0	644	24.1	19.5-28.7
55-64	418	38.8	32.4-45.3	418	22.6	17.2-27.9
65+	626	30.3	25.3-35.3	621	26.9	22.4-31.4
Education:						
<High School	286	26.6	19.9-33.4	282	14.9	9.3-20.4
High School	976	34.3	30.3-38.3	975	17.7	14.6-20.8
Some College	908	39.1	34.8-43.5	906	23.0	19.2-26.7
College Degree	847	35.6	31.4-39.8	845	30.1	26.0-34.2
Income:						
<$15,000	290	34.7	27.1-42.3	289	15.6	10.1-21.2
$15,000 - $24,999	636	37.9	32.8-42.9	635	19.5	15.4-23.7
$25,000 - $49,999	902	38.1	33.9-42.4	902	23.1	19.3-26.9
$50,000 - $74,999	321	35.9	29.2-42.7	321	25.1	19.0-31.3
$75,000+	200	39.7	30.8-48.5	200	29.0	20.4-37.6
Race:						
White, non-Hispanic	2602	34.9	32.5-37.3	2594	23.1	20.9-25.2
Non-white or Hispanic	407	41.2	34.1-48.4	406	20.2	14.3-6.1

Figure 4. Weight Control and Nutrition, Montana Adults, 1991-2000.



Physical Activity

No leisure-time physical activity

- In 2000, 23% of Montana adults reported engaging in no leisure-time physical activity.
- Adults aged 65 and older (33%) were most likely to be inactive, substantially more so than adults less than 55 years of age (<23%).
- There is a strong inverse relationship between levels of education and no leisure time physical activity. Adults with less than a high school education were more likely to report leisure time inactivity (46%) than adults with higher levels of education (<29%).
- Upper middle income Montanans ($50,000 - $74,999) tend to be much less likely to report no physical activity in their leisure time (12%) than lower income groups (≥20%).
- Non-white or Hispanics were more likely (32%) to report physical inactivity than white non-Hispanics (22%).

Note: Physical inactivity is defined as no leisure-time physical activity.

Light to moderate physical activity

- In 2000, 24% of Montana adults reported engaging in light to moderate physical activity.
- Adults with some college education or more education (≥23%) were more likely to engage in light to moderate physical activity than adults with less than a high school education (≤14%).
- There is no apparent relationship between income, race or gender and reported light to moderate physical activity.

Note: Light to moderate physical activity is defined as five or more times a week, 30 minutes or more a session, regardless of intensity.

Vigorous physical activity

- Eighteen percent of adults in 2000 reported engaging in vigorous physical activity.
- Adults with a college degree (27%) were more likely to engage in vigorous physical activity than adults with less education (<16%).
- Adults with annual household incomes of $75,000 or more (31%) were more likely to report that they engaged in vigorous physical activity than adults with household incomes between $15,000 and $49,999 (≤18%).

Note: Vigorous physical activity is defined as three or more times a week, 20 or more minutes a session at 50% or more capacity.

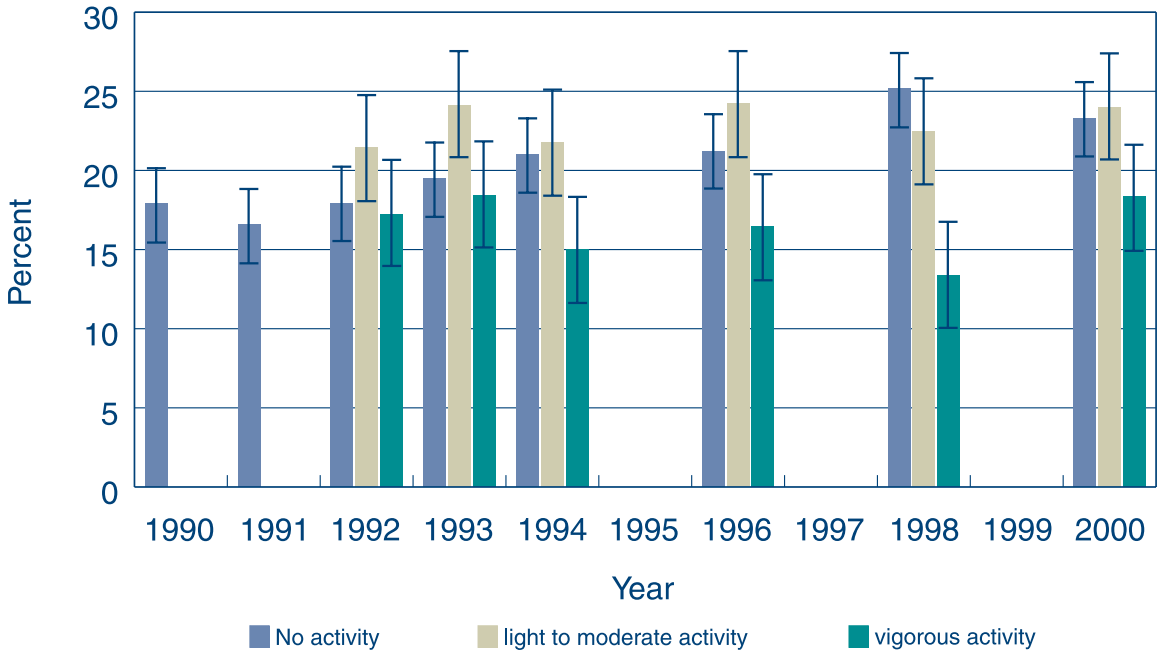
Healthy People 2000 Objectives:

1.3 Increase to at least 30 percent the proportion of adults who engage regularly in light to moderate physical activity.
1.4 Increase to at least 20 percent the proportion of adults who engage in vigorous physical activity.
1.5 Reduce to no more than 15 percent the proportion of people … who engage in no leisure-time physical activity.

Table 7. Physical Activity, Montana Adults, 2000 (with 95% confidence intervals).

	No Leisure-time physical activity (Obj. 1.5)			Light to moderate physical activity (Obj. 1.3)			Vigorous physical activity (Obj. 1.4)		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:									
2000	3018	23.3	21.3-25.3	3018	24.0	21.8-26.1	3018	18.4	16.4-20.3
Sex:									
Male	1290	21.7	18.9-24.6	1290	22.7	19.6-25.8	1290	17.3	14.5-20.0
Female	1728	24.8	21.9-27.7	1728	25.1	22.2-28.0	1728	19.4	16.7-22.1
Age:									
18-24	229	16.8	9.2-24.4	229	29.0	21.3-36.7	229	10.3	5.4-15.2
25-34	418	19.4	14.6-24.1	418	23.7	18.6-28.7	418	11.0	7.2-14.7
35-44	676	19.0	15.2-22.8	676	25.4	20.6-30.1	676	18.1	13.8-22.4
45-54	646	22.3	18.3-26.4	646	20.4	15.9-24.8	646	21.5	17.1-25.8
55-64	418	28.2	22.5-33.9	418	19.0	14.1-23.9	418	18.6	13.4-23.9
65+	627	33.4	28.6-38.2	627	26.3	21.3-31.2	627	26.9	21.8-32.0
Education:									
<High School	286	46.1	37.1-55.2	286	13.8	8.1-19.6	286	11.6	6.4-16.7
High School	976	28.6	24.9-32.3	976	22.4	18.7-26.0	976	15.5	12.2-18.9
Some College	907	20.5	17.2-23.8	907	23.5	19.6-27.4	907	14.1	11.0-17.1
College Degree	847	14.2	11.3-17.2	847	28.9	24.9-33.0	847	27.5	23.4-31.6
Income:									
<$15,000	290	27.5	20.7-34.4	290	25.5	17.7-33.4	290	16.5	9.8-23.2
$15,000 - $24,999	634	28.1	23.5-32.7	634	22.3	17.9-26.6	634	12.3	8.9-15.7
$25,000 - $49,999	902	20.5	16.7-24.3	902	23.8	20.0-27.6	902	17.5	14.3-20.6
$50,000 - $74,999	321	12.2	7.9-16.5	321	27.7	21.4-34.0	321	22.1	16.2-28.0
$75,000+	200	16.6	10.2-23.0	200	23.6	15.2-31.9	200	30.9	21.9-39.9
Race:									
White, non-Hispanic	2601	22.4	20.3-24.5	2601	24.3	22.1-26.6	2601	18.7	16.7-20.8
Non-white or Hispanic	407	32.3	25.3-39.3	407	19.8	14.1-25.6	407	14.5	9.3-19.7

Figure 5. Physical Activity, Montana Adults, 1990-2000.



Cardiovascular Disease (Adults Aged 35 and Older)

History of heart attack, angina, other coronary heart disease, or stroke

- Overall in 2000, 10% of Montana adults aged 35 and older (unweighted N=2356) reported that their doctor had ever told them that they had had a heart attack, angina, or other coronary heart disease, or stroke.
- The rate was higher among males (12%) than females (8%) of having had any one or more of these diagnoses.
- The rate substantially increased with increasing age, from less than one percent in the 35-44 year age group to almost one-quarter (25%) of the 65 or older year age group.

Note: This includes adult Montanans who responded "yes" to one or more of the three conditions.

Has a doctor ever told you that you had a heart attack or myocardial infarction?

- In 2000, 5% of Montana adults aged 35 and older reported that they had ever been told that they had a heart attack.
- Males (6%) were more likely to report having been told that they had a heart attack than females (4%).
- The percentage of adults reporting that they had a heart attack increased with increasing age.
- Adults with less than a high school education (>14%) were more likely to report having had a heart attack than adults with higher levels of education (<5%).
- Adults reporting annual household incomes less than $25,000 (>6%) were more likely to report having been told they had a heart attack than adults with higher annual household incomes (<3%).

Has a doctor ever told you that you had angina or coronary heart disease?

- In 2000, 6% of Montana adults aged 35 and older reported that they had ever been told that they had coronary heart disease.
- Males (7%) were more likely to report having been told they had coronary heart disease than females (4%).
- The percentage of adults reporting that they had coronary heart disease increased with increasing age.
- Adults with less than a high school education (>10%) were more likely to report having coronary heart disease than adults with a college degree (<4%).
- Adult Montanans with annual household incomes of less than $25,000 (>8%) were more likely to have been told they had coronary heart disease than adults reporting annual household incomes of $75,000 or more (1%).

Has a doctor ever told you that you had a stroke?

- In 2000, 3% of Montana adults aged 35 and older reported that they had ever been told that they had a stroke.
- The percentage of adults reporting that they had a stroke increased with increasing age.
- Adults with less than a high school education were more likely (>9%) to have been told they had a stroke than either high school graduates (2%) or college educated adults (≥2%).
- Adults reporting annual household incomes less than $25,000 (>6%) were more likely to report having been told they had a stroke than adults with annual household incomes greater than or equal to $50,000 (<1%).

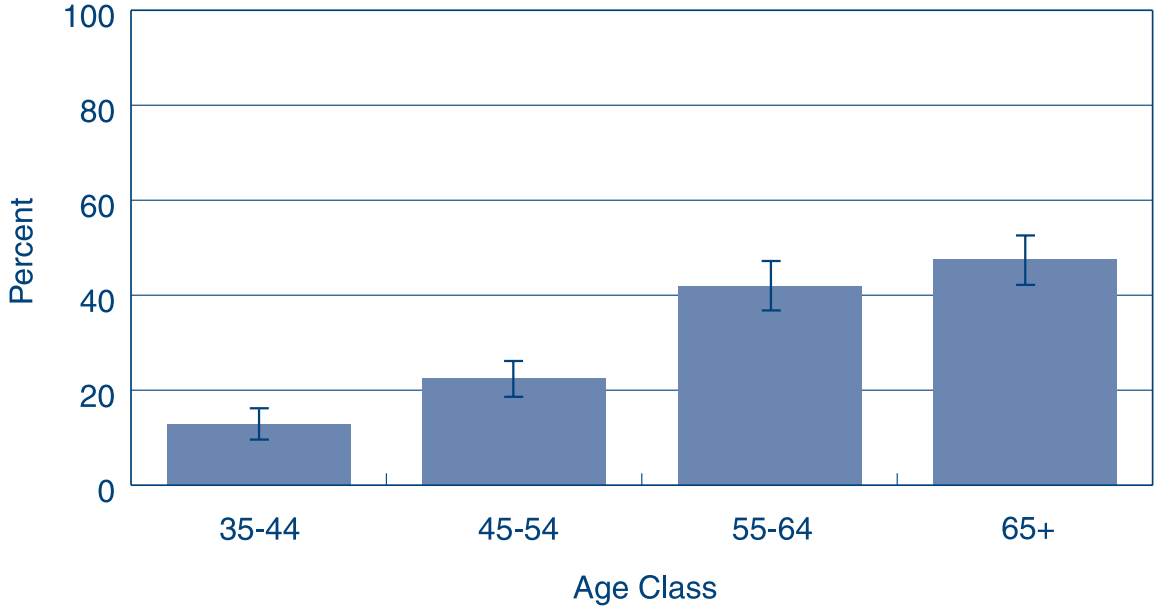
Do you take aspirin daily or every other day?

- Thirty percent (±2%) of Montana adults aged 35 and older reported in 2000 that they take aspirin daily or every other day.
- The percentage of adults aged 35 and older who reported that they take aspirin daily or every other day increased with increasing age class; from 13% (±2%) of adults aged 35 to 44 to 48% (±5%) of adults aged 65 and older.

Table 8. Cardiovascular Disease, Montana Adults Aged 35 and Older, 2000 (with 95% confidence intervals).

	Ever told you had a heart attack			Ever told you had coronary heart disease			Ever told you had a stroke		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:									
2000	2364	4.9	3.8-5.9	2362	5.7	4.4-7.1	2365	3.1	2.2-4.0
Sex:									
Male	1002	6.2	4.3-8.1	1001	7.1	4.8-9.4	1002	2.9	1.5-4.2
Female	1362	3.6	2.5-4.7	1361	4.5	3.1-5.8	1363	3.4	2.2-4.6
Age:									
18-24	NA			NA			NA		
25-34	NA			NA			NA		
35-44	678	0.6	0.0-1.1	678	0.4	0.0-0.8	678	0.3	0.0-0.7
45-54	645	1.7	0.6-2.8	646	3.4	0.9-6.0	645	1.1	0.1-2.2
55-64	416	5.0	2.5-7.5	415	7.9	4.4-11.3	418	4.0	1.3-6.7
65+	625	12.8	9.3-16.2	623	12.6	9.1-16.1	624	7.7	5.1-10.3
Education:									
<High School	237	14.4	8.6-20.2	238	10.8	5.6-16.1	238	9.1	4.0-14.2
High School	776	4.8	2.9-6.8	773	6.4	3.5-9.3	776	2.4	1.0-3.8
Some College	660	4.4	2.4-6.5	661	5.5	3.2-7.7	660	3.7	1.8-5.5
College Degree	689	2.7	1.3-4.1	688	3.7	2.0-5.3	689	1.8	0.7-3.0
Income:									
<$15,000	195	15.6	8.7-22.4	197	10.0	5.2-14.8	197	8.5	3.6-13.3
$15,000 - $24,999	456	6.7	3.4-10.1	455	8.1	4.6-11.7	456	2.7	0.8-4.7
$25,000 - $49,999	698	2.9	1.5-4.4	697	3.9	1.9-5.8	699	2.5	1.0-4.0
$50,000 - $74,999	277	0.7	0.0-1.5	277	6.1	0.7-11.6	277	0.2	0.0-0.4
$75,000+	186	0.7	0.0-1.8	186	1.0	0.0-2.5	185	0.1	0.0-0.1
Race:									
White, non-Hispanic	2085	4.8	3.7-6.0	2082	5.6	4.3-7.0	2084	3.2	2.2-4.1
Non-white or Hispanic	269	5.8	2.7-8.9	270	7.9	2.8-12.9	271	3.0	0.6-5.4

Figure 6. Take Aspirin Daily or Every Other Day, Montana Adults Aged 35+, 2000.



Oral Health

How long since you last visited a dentist?

- In 2000, 69% of Montana adults reported that they had visited a dentist in the past 12 months.
- More females (72%) reported that they had visited a dentist in the past year than males (66%).
- The percentage of adults who visited a dentist in the past year increased with increasing education, with a much greater prevalence of college-educated adults seeing a dentist in the past year (>80%).
- The percentage of adults who visited a dentist in the past year increased for households with annual income levels of $25,000 or more (≥68%).

How many of your permanent teeth have been removed due to tooth decay or gum disease?

- In 2000, 19% of Montana adults reported having had six or more permanent teeth removed.
- The percentage of adults who reported having had six or more permanent teeth removed increased with increasing age.
- Only 1% of adults aged 18 to 24 reported having six or more teeth removed compared with 55% of adults aged 65 and older. Of adults aged 65 and older, 31% (±5%) reported having had all their permanent teeth removed, while 16% had none removed.
- The percentages of adults reporting that they had six or more teeth removed declined with increasing education and annual household income levels.

How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist?

- In 2000, 67% of Montana adults who had teeth and had ever been to a dentist reported having had their teeth cleaned by a dentist or dental hygienist in the past year.
- More females (72%) reported having had their teeth cleaned by a dentist or dental hygienist in the past year than males (62%).
- Adults aged 25-34 (54%) were less likely to have had their teeth cleaned by a dentist or dental hygienist in the past year than older aged individuals (≥73%).
- College graduates (>78%) and adult Montanans earning $50,000 or more per year (>84%) were significantly more likely to have had their teeth cleaned in the past year.

Healthy People 2000 Objectives:

13.3 Increase to at least 45 percent the proportion of people aged 35 to 44 who have never lost a permanent tooth due to dental caries or periodontal diseases.

13.4 Reduce to no more than 20 percent the proportion of people aged 65 and older who have lost all of their natural teeth.

13.14 Increase to at least 70 percent the proportion of people aged 35 and older using the oral health care system each year.

Healthy People 2010 Objectives:

21-3 **Increase the proportion of adults (to at least 45 percent) who have never had a permanent tooth extracted because of dental caries or periodontal disease.**

21-4 **Reduce the proportion of older adults (to no more than 20 percent) who had all their natural teeth extracted. Increase the proportion of children and adults (to 83 percent) who use the oral health care system each year.**

Table 9. Oral Health, Montana Adults, 2000 (with 95% confidence intervals).

	Visited dentist in past year			Had six or more permanent teeth removed			Teeth cleaned in the past year*		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:									
2000	3003	68.8	66.6-71.0	2999	19.0	17.2-20.7	2658	67.4	65.0-69.7
Sex:									
Male	1282	65.8	62.4-69.3	1276	17.7	15.0-20.4	1157	62.7	59.0-66.4
Female	1721	71.7	68.9-74.4	1723	20.2	17.8-22.5	1501	71.9	69.0-74.8
Age:									
18-24	227	63.8	55.7-71.8	228	1.0	0.0-2.2	222	61.8	53.6-70.0
25-34	415	61.3	55.3-67.4	416	2.1	0.5-3.8	412	54.1	47.9-60.2
35-44	677	73.6	69.0-78.1	674	3.9	2.3-5.6	668	66.1	61.2-71.0
45-54	644	79.5	75.6-83.5	642	16.9	12.8-20.9	599	76.6	72.4-80.8
55-64	417	73.3	67.7-79.0	413	32.8	26.7-38.9	344	73.5	67.5-79.5
65+	619	59.7	54.6-64.8	622	55.2	49.9-60.5	410	73.6	67.9-79.3
Education:									
<High School	282	43.3	34.0-52.5	285	53.3	44.0-62.5	181	52.9	41.1-64.7
High School	971	63.8	59.8-67.9	967	24.8	21.1-28.4	836	60.7	56.2-65.1
Some College	903	69.8	65.7-73.9	902	13.7	11.1-16.4	822	65.1	60.6-69.6
College Degree	845	80.3	76.8-83.8	843	8.3	6.0-10.6	819	78.6	74.9-82.2
Income:									
<$15,000	290	54.7	46.5-62.9	289	33.6	26.4-40.8	220	53.9	44.4-63.5
$15,000 - $24,999	631	56.5	51.3-61.8	634	24.9	20.6-29.2	538	52.6	46.9-58.2
$25,000 - $49,999	901	67.9	63.8-71.9	895	13.5	10.7-16.3	851	65.3	61.0-69.5
$50,000 - $74,999	321	86.0	81.3-90.7	320	7.6	2.7-12.5	316	84.1	79.0-89.1
$75,000+	200	85.6	79.4-91.9	200	6.7	2.7-10.6	196	85.2	78.8-91.6
Race:									
White, non-Hispanic	2590	68.8	66.5-71.1	2584	18.8	16.9-20.6	2294	67.8	65.3-70.3
Non-white or Hispanic	403	69.7	62.8-76.7	405	22.3	16.4-28.1	355	62.2	54.3-70.0

* Denominator includes those people who ever visited a dentist or dental clinic and who have teeth.

Figure 7. Permanent Teeth Removed, Percent of Montana Adults by Number of Teeth, 1999- 2000.

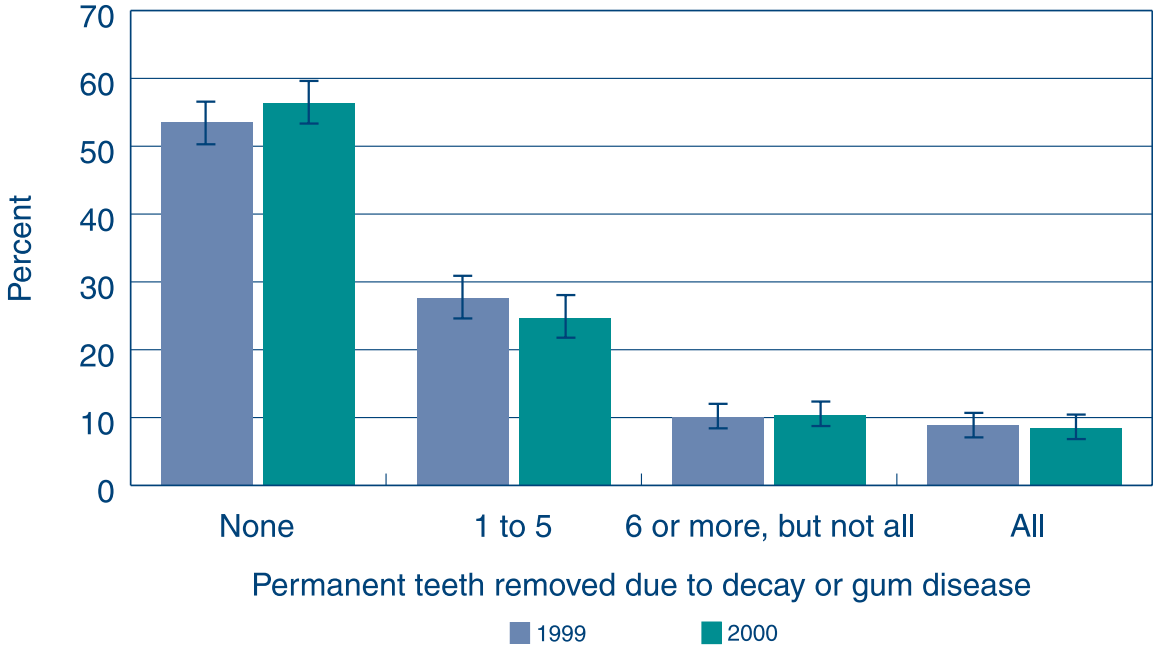
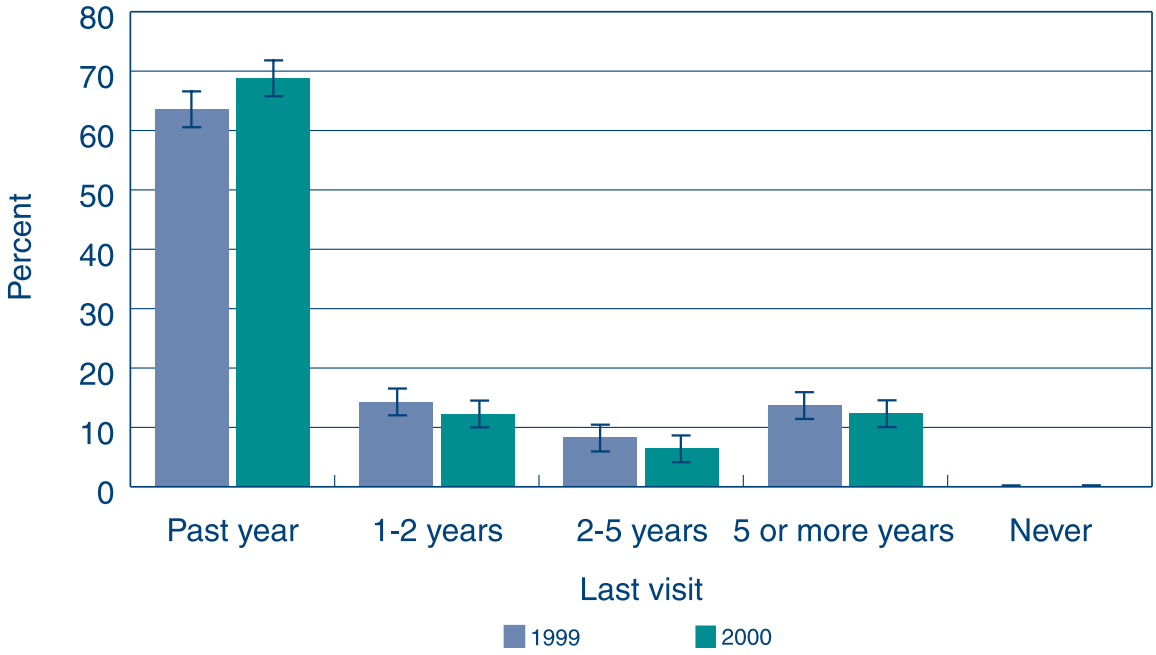


Figure 8. Last Visit to a Dentist or Dental Clinic, Percent of Montana Adults by Time Period, 1999-2000.



ASTHMA

Did a doctor ever tell you that you had asthma?

- In 2000, 11% of adult Montanans reported that they had ever been told that they had asthma.
- Adults aged 18 to 24 (15%) were more likely to report having ever been told they had asthma than adults aged 65 and older (7%).

Do you still have asthma?

- Of the 11% of Montanans ever told that they had asthma, 75% reported in the 2000 survey that they still had asthma.
- Small sample size and broad confidence intervals obscure differences among subpopulations.

Do you currently have asthma?

- In 2000, the self-reported prevalence of adults aged 18 and older who currently have asthma was estimated to be 8%.
- There appear to be no discernable differences among subpopulations for current asthmatics.

Note: Current asthma is defined as having answered "yes" to: "Have you ever been told by a doctor that you have asthma?" and "Do you still have asthma?" The denominator includes all respondents, excluding those who either "refused" to answer one or more of the asthma questions or responded "don't know/not sure."

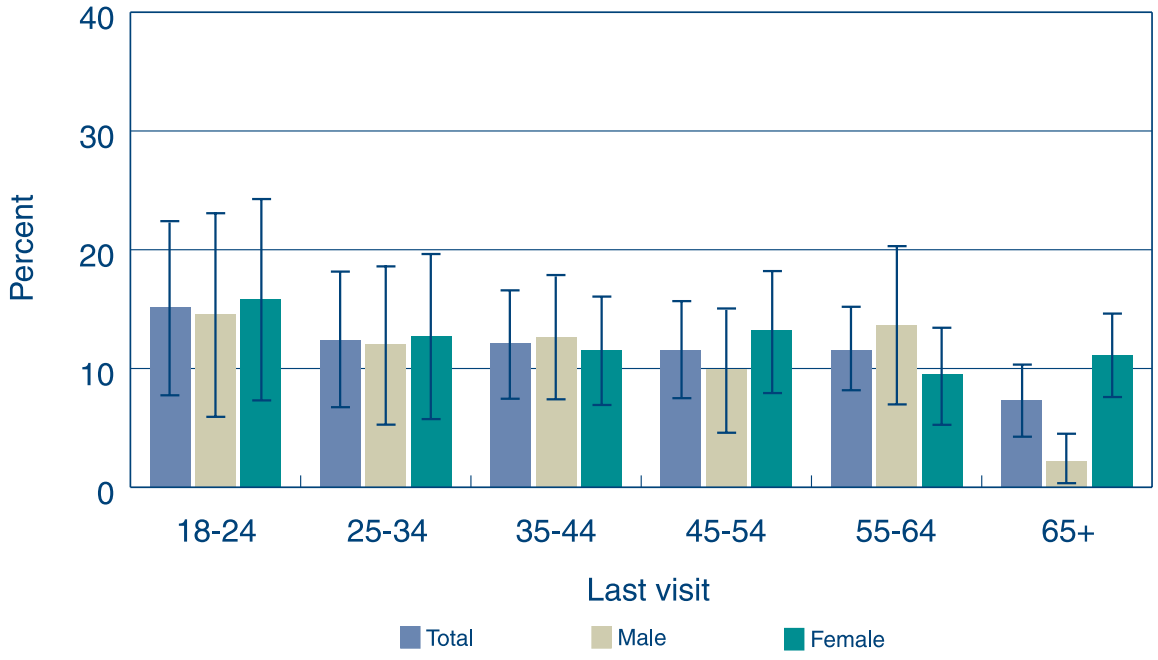
Table 10. Asthma, Montana Adults, 2000 (with 95% confidence intervals).

	Ever told you have asthma			Still have asthma*			Currently have asthma**		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:									
2000	3014	11.4	9.9-13.0	324	74.9	68.6-81.2	3007	8.3	7.0-9.6
Sex:									
Male	1289	10.6	8.3-13.0	115	70.3	59.6-80.9	1286	7.2	5.2-9.1
Female	1725	12.2	10.2-14.2	209	78.6	71.2-85.9	1721	9.4	7.5-11.2
Age:									
18-24	228	15.2	9.1-21.2	31			227	10.4	5.0-15.7
25-34	417	12.4	8.5-16.3	50	74.4	60.5-88.3	415	8.5	5.2-11.8
35-44	676	12.1	8.7-15.5	75	78.7	66.9-90.4	675	9.5	6.4-12.5
45-54	646	11.6	8.2-15.0	69	68.8	53.7-83.8	645	7.9	5.1-10.7
55-64	417	11.6	7.1-16.0	49			416	8.3	4.6-12.0
65+	626	7.3	4.7-9.8	50	84.5	70.0-99.0	625	5.9	3.7-8.1
Education:									
<High School	285	14.7	9.1-20.3	44			284	10.8	6.0-15.5
High School	976	7.2	5.2-9.1	85	76.6	63.9-89.3	975	5.4	3.7-7.1
Some College	905	12.1	9.1-15.2	97	77.4	66.5-88.2	902	9.2	6.4-12.0
College Degree	846	14.0	10.9-17.2	97	70.8	59.5-82.1	844	9.5	6.8-12.1
Income:									
<$15,000	290	19.2	12.8-25.6	56	62.9	44.3-81.5	288	11.1	6.6-15.6
$15,000 - $24,999	635	11.1	7.9-14.2	68	75.8	62.0-89.6	634	8.1	5.4-10.8
$25,000 - $49,999	902	10.1	7.7-12.6	93	74.1	62.9-85.2	900	7.3	5.2-9.5
$50,000 - $74,999	320	9.9	5.4-14.5	28			319	6.3	2.6-10.0
$75,000+	200	16.0	8.8-23.2	20			200	11.3	5.2-17.4
Race:									
White, non-Hispanic	2597	11.1	9.5-12.7	272	73.3	66.4-80.3	2591	7.8	6.5-9.2
Non-white or Hispanic	407	15.4	9.5-21.2	51	85.7	76.1-95.4	406	13.1	7.3-18.9

* Denominator is persons who were ever told they have asthma

** Denominator is all respondents, including those who were told they had asthma

Figure 9. Lifetime Asthma by Sex and Age Class, Montana Adults, 2000.



Care Giving

Did you provide regular care for someone 60 years of age or older during the past month?

- Seventeen percent of Montana adults indicated that they had provided regular care to someone aged 60 or older in the past month.
- Females (20%) were more likely to respond "yes" than males (13%).
- Adults aged 45 to 64 (>21%) were more likely to indicate that they provided care than younger and older adults (≤16%).
- More adults with annual household incomes of $75,000 or more (24%) indicated that they had provided care than adults with lower annual household incomes (>18%), though data indicate a great deal of variability within income groups.

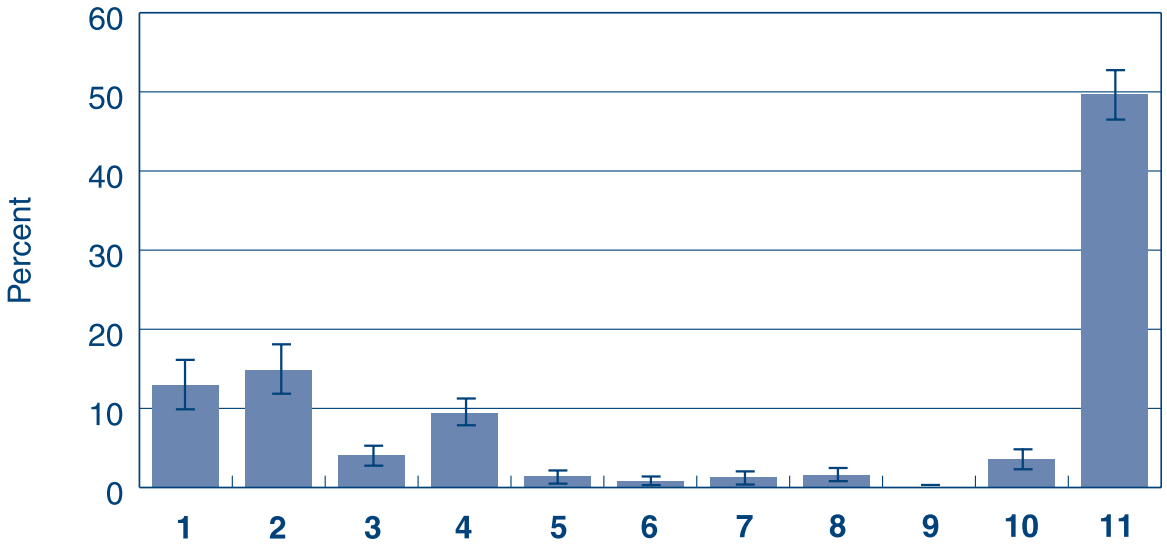
Who would you call to arrange care in the home for an elderly family member or friend?

- In 2000, 50% of Montana Adults responded that they did not know whom they would call to arrange for short- or long-term care. Fifteen percent (±2%) indicated that they would provide care themselves, 13% (±2%) would call a relative or friend, and 9% (±1%) would call a home health service.
- Males (57%) were more likely than females (43%) to respond that they did know whom they would call to arrange for care.
- Adults aged 18 to 24 and 64 and older (>57%) were more likely to respond that they did not know whom to call than adults aged 25 to 64 (≤49%).
- Adults with less than a high school education (64%) responded more frequently that they did not know whom to call than adults with more education (≤51%).

Table 11. Care Giving, Montana Adults, 2000 (with 95% confidence intervals).

	Did you provide care to someone 60 yrs or older in the past month			Don't know who to call to arrange care for an elderly friend or relative		
	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:						
2000	3010	16.6	14.8-18.3	3016	49.7	47.2-52.1
Sex:						
Male	1284	13.4	11.0-15.9	1288	56.9	53.3-60.5
Female	1726	19.5	16.9-22.1	1728	42.8	39.5-46.1
Age:						
18-24	228	8.6	4.4-12.7	229	58.3	49.7-66.9
25-34	418	14.7	10.2-19.2	418	49.1	43.1-55.2
35-44	678	15.7	12.1-19.2	676	44.6	39.3-49.9
45-54	645	21.0	16.6-25.4	646	45.8	40.6-50.9
55-64	416	24.9	19.1-30.7	418	45.1	38.5-51.6
65+	621	14.1	10.6-17.7	625	57.2	52.0-62.3
Education:						
<High School	283	13.3	8.2-18.3	285	64.4	56.5-72.3
High School	972	15.4	12.4-18.4	977	51.9	47.6-56.1
Some College	907	18.3	14.8-21.7	905	45.0	40.5-49.5
College Degree	846	17.0	13.7-20.4	847	47.8	43.3-52.2
Income:						
<$15,000	287	14.1	8.5-19.7	289	48.3	39.9-56.7
$15,000 - $24,999	636	14.6	11.1-18.0	636	48.0	42.7-53.2
$25,000 - $49,999	902	17.7	14.3-21.1	901	45.6	41.1-50.1
$50,000 - $74,999	321	13.5	9.2-17.8	321	45.0	37.7-52.3
$75,000+	200	23.7	16.0-31.4	200	41.4	32.4-50.3
Race:						
White, non-Hispanic	2595	16.2	14.3-18.0	2599	50.0	47.4-52.6
Non-white or Hispanic	405	18.8	12.8-24.9	407	44.7	37.4-52.1

Figure 10. Who Would be Called to Arrange Short- or Long-Term Care in the Home for an Elderly Friend or Relative, Montana Adults, 2000.



1 - Relative or friend, 2 - Provide care myself, 3 - Nursing home, 4 - Home health service, 5 - Personal physician, 6 - Area Agency on Aging, 7 - Hospice, 8 - Hospital Nurse, 9 - Minister/Priest/Rabbi, 10 - Other, 11 - Don't know who to call

Tobacco Use

Current cigarette smokers:

- Nineteen percent of Montana adults in 2000 reported that they currently smoked cigarettes.
- The prevalence of smoking among Montana adults has remained virtually unchanged since 1990.
- Only 10% of adults aged 65 and older were current smokers; substantially less than adults in younger age classes (≥18%).
- Self-reported smoking was inversely associated with education and annual household income levels. Less than 11% of adults with a college degree or adults with annual household incomes of $50,000 or more reported that they currently smoked cigarettes.
- Substantially more non-white or Hispanic adults (34%) reported that they smoked cigarettes than white non-Hispanic adults (18%).

Note: A current smoker is defined as someone who has ever smoked 100 cigarettes and who now smokes every day or some days.

Quit smoking for at least one day in past year:

- In 2000, 52% of current smokers who smoked every day reported that they quit smoking for at least one day in the past year.
- Age, educational attainment and household income levels had little impact on reported efforts to quit smoking for at least one day in the past year for current adult smokers in Montana.

Current smokeless tobacco users:

- Six percent of Montana adults reported that they currently used smokeless tobacco in 2000.
- Self-reported smokeless tobacco use among Montana adults has remained approximately the same since 1990.
- Substantially more males reported using smokeless tobacco (13%) than females (<1%).
- Self-reported smokeless tobacco use was highest among 18 to 54 year olds (≥7%), while less than 3% of adults aged 55 and older reported using smokeless tobacco.

Note: A current smokeless tobacco user is one who reported that they currently use chewing tobacco, snuff, or both.

Healthy People 2000 Objectives:

3.4 Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 18 and older.
3.5 Increase to at least 50 percent the proportion of cigarette smokers aged 18 and older who stopped smoking cigarettes for at least one day during the preceding year.

Healthy People 2010 Objectives:

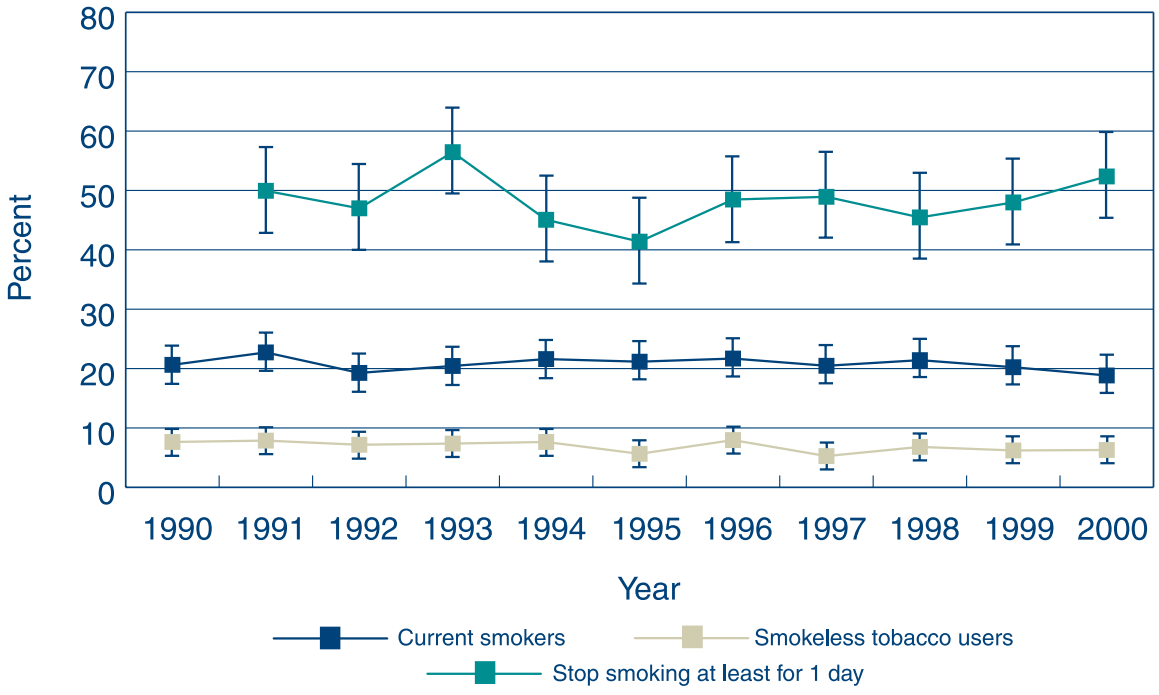
27-1a Reduce cigarette smoking by adults (to at least 12%).
27-5 Increase smoking cessation attempts by adult smokers (to at least 75 percent).

Table 12. Tobacco Use, Montana Adults, 2000 (with 95% confidence intervals).

	Current smoker			Quit smoking for at least 1 day*			Current smokeless tobacco user		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:									
2000	3011	18.8	17.0-20.6	549	52.4	46.6-58.2	3015	6.3	5.1-7.5
Sex:									
Male	1287	18.0	15.2-20.7	214	54.9	45.7-64.0	1287	12.6	10.2-15.0
Female	1724	19.7	17.3-22.1	335	50.3	43.0-57.6	1728	0.3	0.0-0.6
Age:									
18-24	228	17.6	12.1-23.1	44			229	7.2	3.1-11.2
25-34	418	25.3	19.7-30.9	81	61.5	47.8-75.1	417	9.8	6.6-13.0
35-44	675	18.3	14.5-22.1	128	45.9	33.6-58.2	677	9.2	5.9-12.4
45-54	644	20.6	16.7-24.5	131	44.5	33.2-55.9	644	7.1	3.8-10.4
55-64	416	22.5	17.4-27.6	100	41.5	28.5-54.4	417	2.8	0.8-4.7
65+	626	10.3	7.2-13.3	65	52.8	36.4-69.2	627	1.0	0.2-1.9
Education:									
<High School	285	30.6	22.7-38.6	93	53.3	37.9-68.8	286	4.6	1.6-7.6
High School	977	23.9	20.3-27.4	211	55.6	46.8-64.4	977	8.4	5.9-11.0
Some College	906	18.9	15.5-22.3	170	50.5	39.9-61.1	906	5.0	3.1-6.9
College Degree	841	10.3	7.8-12.7	74	45.8	30.7-60.9	844	5.8	3.6-8.1
Income:									
<$15,000	289	29.0	22.2-35.8	93	57.8	44.3-71.2	289	4.1	0.4-7.8
$15,000 - $24,999	634	31.3	26.3-36.2	169	57.6	47.3-68.0	636	4.7	2.6-6.7
$25,000 - $49,999	899	18.0	14.8-21.3	143	40.8	30.3-51.2	902	8.8	6.3-11.4
$50,000 - $74,999	321	9.3	5.7-12.9	33			321	8.3	3.5-13.2
$75,000+	200	11.5	6.2-16.7	24			199	3.5	0.5-6.4
Race:									
White, non-Hispanic	2596	17.6	15.7-19.5	420	50.9	44.5-57.3	2598	6.3	5.0-7.6
Non-white or Hispanic	405	34.3	27.4-41.2	127	63.3	50.7-75.9	407	7.1	3.4-10.7

* Denominator is current smokers who smoke everyday

Figure 11. Tobacco Use, Montana Adults, 1990-2000.



Diabetes and Immunization

Were you ever told you have diabetes?

- In 2000, 5% of Montana adults reported that a doctor had ever told them that they had diabetes.
- Adults aged 45 and older (≥4%) were more likely to have been told they had diabetes than adults younger than 35 (<1%).
- The self-reported prevalence of diabetes was higher among adults with less than a high school education (10%) than among Montana adults with at least a college degree (<4%).
- More adults with annual household incomes less than $15,000 (8%) reported that they had been told they had diabetes than adults with annual household incomes of $75,000 or more (2%).
- The self-reported prevalence of diabetes was higher in the non-white or Hispanic population (7%) than among white non-Hispanics (4%).

Have you had a flu shot in the past year (aged 65 and older)?

- Seventy-two percent of adult Montanans aged 65 and older reported in 2000 that they had a flu shot in the past year.
- Influenza immunization rates increased between 1993 and 2000.

Have you ever had a pneumonia vaccination (aged 65 and older)?

- Sixty-five percent of Montana adults aged 65 and older reported in 2000 that they had ever received a pneumonia vaccination.
- Broad confidence intervals obscure differences among subpopulations.
- From 1995 to 2000, the percentage of Montana adults aged 65 and older who had ever had a pneumonia vaccination increased from 35% (±3%) to 65%.

Healthy People 2000 Objectives:

17.11 Reduce diabetes . . . to a prevalence of no more than 25 per 1,000 people [i.e., 2.5%].
20.11.1 Increase pneumococcal pneumonia and influenza immunization among non-institutionalized, high-risk populations . . . to at least 60 percent.

Healthy People 2010 Objectives:

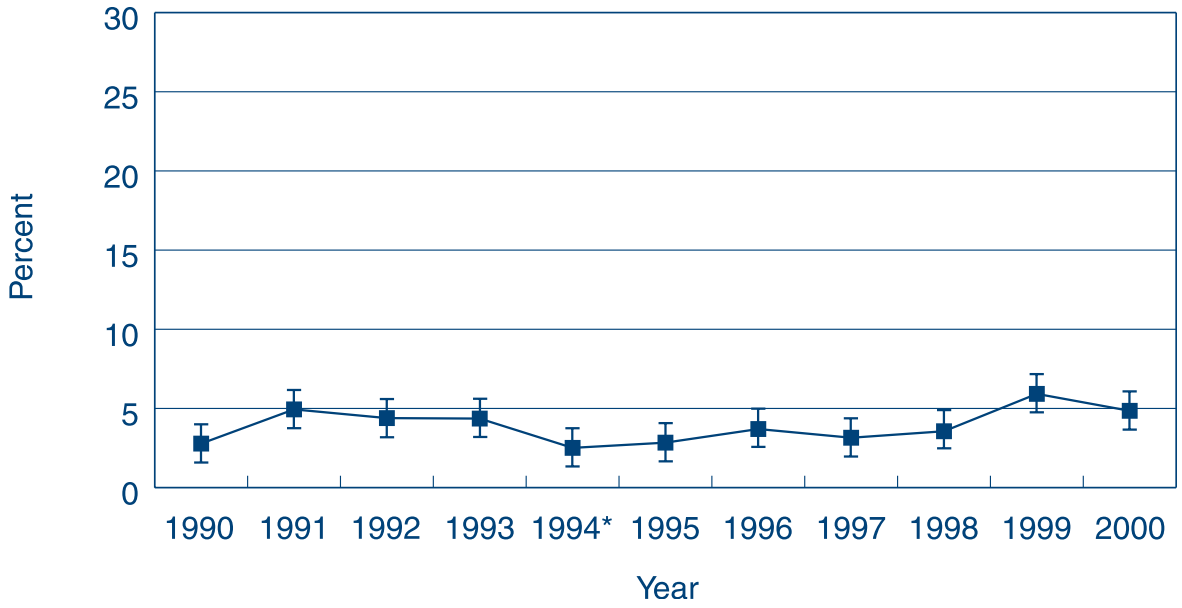
5-3.1 Reduce the overall rate of diabetes that is clinically diagnosed (to no more than 25 overall cases per 1,000 population).
14-29a Increase the proportion of non-institutionalized adults aged 65 and older who are vaccinated annually against influenza to at least 90 percent.
14-29b Increase the proportion of non-institutionalized adults aged 65 and older who were ever vaccinated against pneumococcal disease to at least 90 percent.

Table 13. Diabetes and Immunization, Montana Adults, 2000 (with 95% confidence intervals).

	Told have diabetes			Had a flu vaccination in past year*			Ever had a pneumonia vaccination*		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
All Adults:									
2000	3019	4.9	3.9-5.8	626	72.3	67.8-76.8	617	64.9	60.0-69.9
Sex:									
Male	1290	4.4	3.0-5.7	228	70.7	63.3-78.1	221	63.6	55.6-71.6
Female	1729	5.3	4.1-6.6	398	73.5	67.9-79.1	396	65.9	59.6-72.2
Age:									
18-24	229	0.6	0.0-1.7						
25-34	418	0.4	0.0-0.7						
35-44	677	1.9	0.7-3.1						
45-54	646	4.3	2.1-6.6						
55-64	418	7.0	4.2-9.8						
65+	627	14.1	10.6-17.5						
65-74				349	70.7	64.7-76.7	345	64.9	58.4-71.5
75+				277	74.9	68.1-81.7	272	64.9	57.3-72.5
Education:									
<High School	286	9.7	5.6-13.9	135	71.0	61.5-80.6	134	64.4	54.1-74.7
High School	977	5.7	3.8-7.6	244	71.0	63.3-78.6	242	65.1	57.0-73.2
Some College	907	3.4	2.0-4.8	139	68.7	58.6-78.7	137	65.1	54.3-75.8
College Degree	847	4.0	2.5-5.5	107	80.6	71.6-89.6	103	66.3	54.8-77.8
Income:									
<$15,000	290	7.7	4.4-11.0	71	73.7	62.0-85.4	71	68.6	56.1-81.2
$15,000 - $24,999	636	6.2	3.9-8.5	150	64.8	55.1-74.6	150	59.9	49.9-70.0
$25,000 - $49,999	901	2.9	1.5-4.2	122	72.4	62.8-82.1	120	66.0	55.5-76.5
$50,000 - $74,999	321	4.2	1.2-7.3	9			8		
$75,000+	200	2.1	0.0-4.5	12			11		
Race:									
White, non-Hispanic	2603	4.5	3.5-5.4	583	71.3	66.6-76.0	576	64.7	59.6-69.9
Non-white or Hispanic	406	7.4	4.5-10.2	41	92.7	86.8-98.6	39	70.8	50.8-90.9

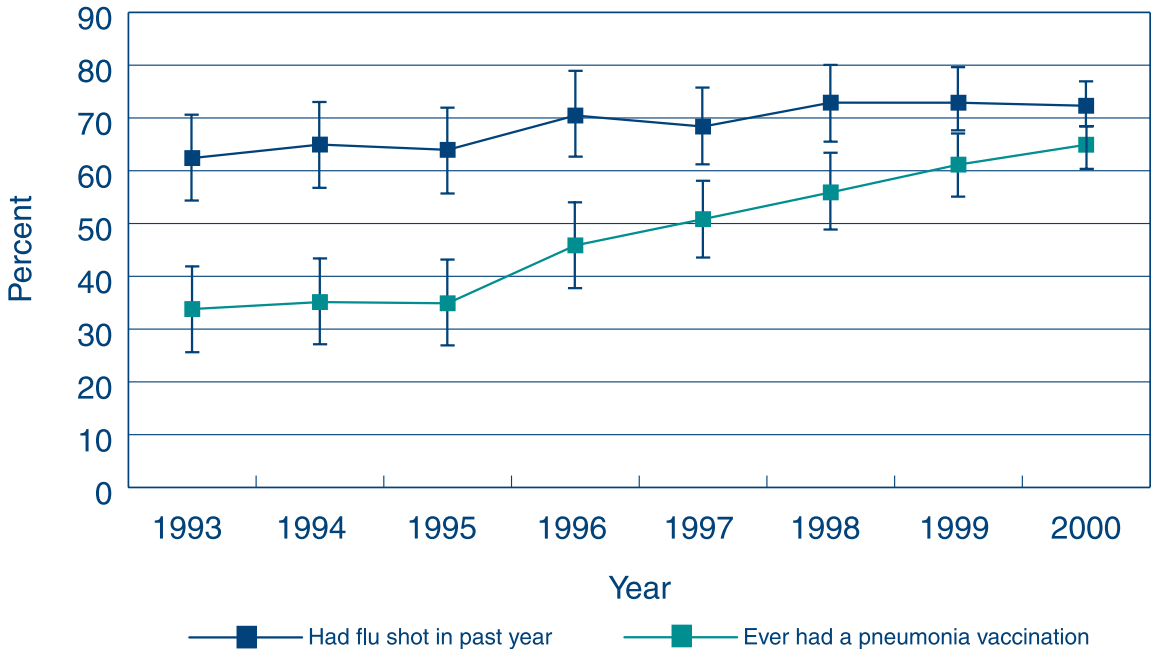
* Denominator is persons aged 65 and older

Figure 12. Prevalence of Diabetes Reported by Montana Adults, 1990-2000.



* The question was changed in 1994 to exclude females with gestational diabetes.

Figure 13. Flu and Pneumonia Immunization Among Montana Adults Aged 65 and Older, 1993-2000.



Breast Cancer Screening

Age 40 and older and ever had a clinical breast exam?

- In 2000, 95% of women aged 40 and older reported that they had ever had a clinical breast exam.
- More women aged 40 to 64 (>97%) reported they had ever had a clinical breast exam compared to women aged 75 and older (88%).
- Women with a high school education or less (≤93%) appear to be less likely to have ever had a clinical breast exam compared with women with higher educational levels (≥97%).

Age 40 and older and ever had a mammogram?

- Eighty-seven percent of women aged 40 and older reported in 2000 that they had ever had a mammogram.
- Fewer women aged 40 to 49 (78%) reported having ever had a mammogram than women aged 50 to 74 (≥92%).
- More women with a college degree (95%) reported that they had ever had a mammogram than women with less education (<86%).

Age 40 and older and ever had both a mammogram and clinical breast exam?

- In 2000, 84% of women aged 40 and older reported they had ever had both a mammogram and clinical breast exam.
- More women aged 50 to 64 (>91%) reported having had both examinations than women aged 40 to 49 (76%) and women aged 75 and older (81%).
- Women with a college degree (93%) were more likely to have ever received both screening procedures than women with less education (≤84%).
- Montana women with annual household incomes of $75,000 or more (92%) were more likely to have ever had both a mammogram and clinical breast exam than women with incomes between $15,000-$24,999 (78%).

Age 50 or older and had a clinical breast exam and mammogram in the past two years?

- In 2000, 75% of women aged 50 and older reported that they had had both a clinical breast exam and mammogram in the past two years.
- A higher percentage of women aged 50 to 74 (>76%) reported having had both examinations in the past two years compared to women aged 75 and older (65%), though small sample size within categories confound differences among age classes.
- Only 56% of women aged 50 and older with less than a high school education reported having had both exams in the past two years compared to 84% of women with a college degree.

Healthy People 2000 Objectives:

16.11 Increase to at least 80 percent the proportion of women aged 40 and older who have ever received a clinical breast examination and a mammogram, and to at least 60 percent those women aged 50 and older who have received them within the preceding 1 to 2 years.

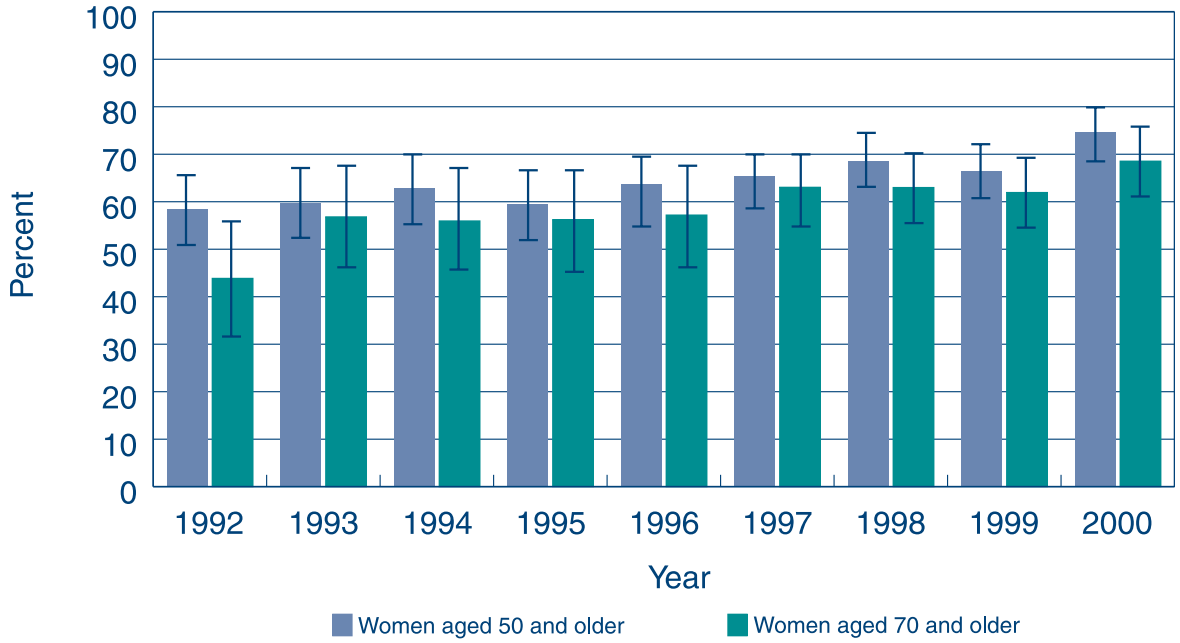
Healthy People 2010 Objectives:

3-13 **Increase the proportion of women aged 40 and older (to 70 percent) who have received a mammogram within the preceding 2 years.**

Table 14. Breast Cancer Screening, Montana Women Aged 40 and Older, 2000 (with 95% confidence intervals).

	Ever had a clinical breast exam			Ever had a mammogram			Ever had both a mammogram and clinical breast exam			Age 50+ and had both in past 2 years		
	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI	Total No.	WT.%	CI
Females 40+ 2000	1187	95.2	93.7-96.7	1189	87.4	84.9-89.8	1186	84.3	81.6-87.0	784	74.6	70.9-78.4
Age:												
40-49	390	97.9	96.0-99.7	390	77.8	72.0-83.5	390	76.1	70.2-82.0	NA		
50-64	401	97.3	95.6-98.9	402	92.9	90.0-95.8	401	91.4	88.2-94.5	400	77.2	72.1-82.2
65-74	203	91.8	86.6-97.1	202	93.4	89.6-97.2	202	87.5	81.6-93.3	199	76.8	69.5-84.1
75+	193	88.5	82.9-94.2	195	87.0	81.2-92.9	193	80.7	73.4-87.9	185	65.3	56.4-74.2
Education:												
<High School	131	88.8	80.6-96.9	132	83.3	75.0-91.6	131	73.7	63.3-84.1	116	56.2	44.4-68.0
High School	387	92.6	89.5-95.7	388	83.8	79.3-88.3	387	79.9	74.9-84.9	280	70.3	63.5-77.1
Some College	359	97.9	96.6-99.2	360	85.6	80.2-91.0	359	84.1	78.7-89.6	219	81.1	75.0-87.3
College Degree	308	97.7	95.6-99.9	307	94.7	91.8-97.6	307	93.3	90.1-96.6	167	84.0	77.7-90.2
Income:												
<$15,000	119	95.6	91.4-99.8	119	82.6	74.8-90.4	119	82.1	74.3-90.0	87	68.0	56.4-79.5
$15,000 - $24,999	236	90.7	85.9-95.4	236	83.8	76.9-90.8	236	78.0	70.4-85.6	165	64.2	55.1-73.3
$25,000 - $49,999	324	96.9	94.9-98.9	324	89.2	85.0-93.3	324	87.1	82.6-91.5	188	80.7	74.0-87.5
$50,000 - $74,999	114	98.9	97.2-100.0	114	89.2	81.9-96.4	114	88.1	80.7-95.4	46		
$75,000+	72	100.0		72	92.4	85.6-99.2	72	92.4	85.6-99.2	38		
Race:												
White, non-Hispanic	1056	95.3	93.8-96.9	1056	87.3	84.7-89.9	1055	84.4	81.5-87.2	711	75.7	71.9-79.5
Non-white or Hispanic	129	93.3	84.8-100.0	130	88.5	82.2-94.7	129	82.8	73.0-92.7	71	62.4	45.4-79.4

Figure 14. Percent of Montana Women (aged 50+ and 70+) Who Had Both a Clinical Breast Exam and Mammogram in the Past Two Years, 1992-2000.



Cervical Cancer Screening

Have you ever had a Pap test?

- Ninety-seven percent of adult Montana women reported in 2000 that they had ever had a Pap test.
- The percentage of women who had ever had a Pap test has remained approximately the same since 1992.
- It appears that women aged 18 to 24 (84%) were less likely to have ever had a Pap test than women aged 25 or older (≥96%).
- Eighty-six percent of women with less than a high school education reported that they had ever had a Pap test, while more than 96% of women with a high school education or more reported having had the test. Note the broad confidence interval (±22%) associated with the estimate for women with less than a high school education, confounding interpretation of these data.

Have you had a Pap test in the past three years?

- In 2000, the percentage of women who reported they had had a Pap test within the past three years was 89%. Seventy-seven percent of women aged 70 and older reported that they had the test in the past three years.
- The percentage of women having had a Pap test in the past three years has slightly increased since 1992 for all adult women, and particularly for women aged 70 and older.
- Small sample sizes and broad confidence intervals obscure differences in percentages among subpopulations.

Healthy People 2000 Objectives:

16.12 Increase to 95 percent the proportion of women aged 18 and older who have ever received a Pap test, and to at least 85 percent those who received a Pap test within the preceding 1 to 3 years.

Healthy People 2010 Objectives:

3-11a Increase the proportion of women aged 18 and older who have ever received a pap test to at least 97%.

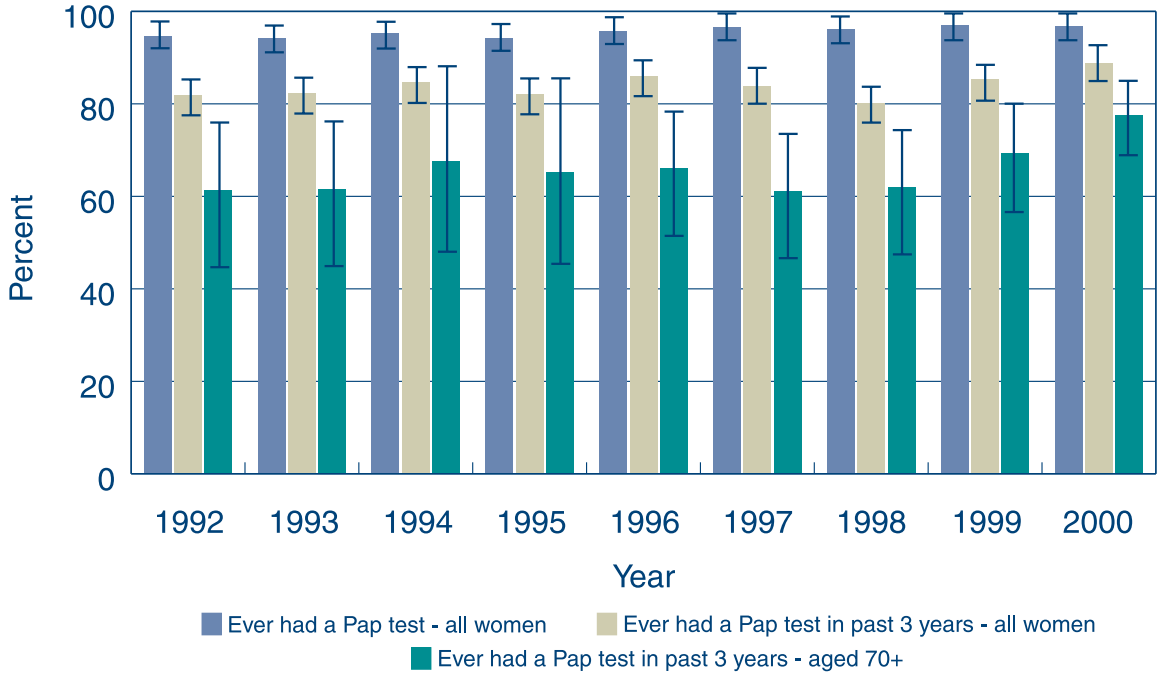
3-11b Increase the proportion of women aged 18 and older who have received a pap test within the preceding 3 years to at least 97%.

Table 15. Cervical Cancer Screening, Montana Adult Women, 2000 (with 95% confidence intervals).

	Ever had a Pap test*			Had Pap test in past 3 years*		
	Total No.	WT.%	CI	Total No.	WT.%	CI
Adult Females:						
2000	1299	96.9	94.6-99.1	1292	88.8	85.9-91.6
Age:						
18-24	129	84.3	70.5-98.0	129	84.3	70.5-98.0
25-34	222	99.6	98.7-100.0	222	94.6	91.1-98.1
35-44	343	99.6	99.0-100.0	343	87.5	82.3-92.7
45-54	241	99.3	98.2-100.0	240	93.3	89.8-96.7
55-64	134	99.7	99.4-100.0	134	93.7	90.1-97.3
65+	228	96.7	93.6-99.7	222	79.2	72.6-85.7
Education:						
<High School	113	86.1	63.7-100.0	111	73.2	52.7-93.7
High School	403	96.6	93.9-99.3	400	86.2	81.9-90.4
Some College	419	97.8	95.6-99.9	417	90.6	86.6-94.7
College Degree	363	99.0	97.6-100.0	363	93.4	90.2-96.5
Income:						
<$15,000	154	98.0	94.2-100.0	153	88.1	81.8-94.5
$15,000 - $24,999	284	99.1	98.2-100.0	283	84.2	78.2-90.2
$25,000 - $49,999	385	95.0	88.6-100.0	385	90.6	84.0-97.2
$50,000 - $74,999	137	100.0		136	95.2	90.9-99.5
$75,000+	79	100.0		79	93.9	88.4-99.4
Race:						
White, non-Hispanic	1091	96.8	94.3-99.3	1085	88.8	85.7-91.8
Non-white or Hispanic	206	97.3	93.4-100.0	206	88.5	82.0-95.0

* Denominator is all adult women with an intact uterine cervix

Figure 15. Percent of Adult Montana Women (with intact cervix) Having Pap Tests, 1992-2000.



APPENDIX A

Year 2000 Health Objectives for the Nation: State Summary of BRFSS[1] Data for 2000

Healthy People 2000[2] Objectives[3]	Yr 2000 Target	Montana, 2000
Overweight (Objective #1.2)		
Ages ≥ 18	≤ 20%	53.1% (±2.5)
Regular and Sustained Physical Activity (Objective #1.3)		
Ages ≥ 18	≥ 30%	24.0% (±2.1)
Regular and Vigorous Physical Activity (Objective #1.4)		
Ages ≥ 18	≥ 20%	18.6% (±2.0)
No Leisure-time Physical Activity (Objective #1.5)		
Ages ≥ 18	≤ 15%	23.3% (±2.0)
Ages ≥ 65	≤ 22%	33.4% (±4.8)
Cigarette Smoking (Objective #3.4)		
Ages ≥ 18	≤ 15%	18.8% (±1.8)
Fruit and Vegetable Consumption (five or more servings per day) (Objective #16.8)		
Ages ≥18	not specified	22.8% (±2.0)
Permanent Tooth Loss Due to Caries or Periodontal Diseases (none) (Objective #13.3)		
Ages 35-44	≥ 45%	69.4% (±4.7)
Total Tooth Loss (Objective #13.4)		
Ages ≥ 65	≤ 20%	30.8% (±4.7)
Regular Dental Visits (within past year) (Objective #13.14)		
Ages ≥ 35	≥ 70%	71.5% (±2.4)

Clinical Breast Exam and Mammogram (ever had) (Objective #16.11)		
Women ages ≥ 40	≥ 80%	84.3% (±2.4)
Women ages ≥ 70	≥ 80%	81.6% (±5.9)
Low-income (annual family income <$10,000) women ages ≥ 40	≥ 80%	87.4% (±9.1)
Clinical Breast Exam and Mammogram (within past two years) (Objective #16.11)		
Women ages ≥ 50	≥ 60%	74.6% (±3.8)
Women ages ≥ 70	≥ 60%	68.6% (±7.0)
Low-income (annual family income <$10,000) women ages ≥ 50	≥ 60%	Insufficient Data
Pap Smear, Women with Intact Uterine Cervix (ever had) (Objective #16.12)		
Ages ≥ 18	≥ 95%	96.9% (±2.3)
Ages ≥ 70	≥ 95%	95.9% (±4.2)
Low-income (annual family income <$10,000) women ages ≥ 18	≥ 95%	96.1% (±7.1)
Pap Smear, Women with Intact Uterine Cervix (within past three years) (Objective #16.12)		
Ages ≥ 18	≥ 85%	88.8% (±2.9)
Ages ≥ 70	≥ 70%	77.5% (±8.2)
Low-income (annual family income <$10,000) women ages ≥ 18	≥ 80%	88.7% (±4.9)
Influenza Immunization (within past year) (Objective #20.11)		
Ages ≥ 65	≥ 60%	72.3% (±4.5)
Pneumococcal Pneumonia Immunization (ever had) (Objective #20.11)		
Ages ≥ 65	≥ 60%	64.9% (±4.9)

[1] Behavioral Risk Factor Surveillance System

[2] Public Health Service. Healthy People 2000: National Health Promotion and Disease Prevention Objectives—full report with commentary. Washington, DC: U.S. Department of Health and Human Services, 1991.

[3] In some cases, BRFSS definitions of objectives differ slightly from those in Healthy People 2000. See Healthy People 2000 for the exact definition of the objective.

APPENDIX B

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Centers for Disease Control and Prevention, BRFSS website

Access BRFSS data for any state
www.cdc.gov/brfss

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